

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

Price for Congress

ADDRESS (number and street) P.O. Box 425
 Check if different than previously reported. (ACC) Roswell GA 30077

2. **FEC IDENTIFICATION NUMBER** C00386755
IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Roswell GA 30077 GA 06

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 2008 through 03 31 2008

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 Stephen M. Dorvee, Treasurer
Signature of Treasurer Electronically Filed by Stephen M. Dorvee, Treasurer Date 07 01 2008

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

Price for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	161229.00	839516.17
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	161229.00	838516.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	80974.19	413373.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	10.00	12674.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	80964.19	400698.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	557451.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	256131.31	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Price for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

56619.00

313020.27

(ii) Unitemized.....

9610.00

67446.50

(iii) TOTAL of contributions

66229.00

380466.77

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

95000.00

459049.40

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

161229.00

839516.17

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

10.00

12674.19

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

968.48

7728.38

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

162207.48

859918.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80974.19	413373.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	41500.00	76500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	250000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	250000.00
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	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS.....	275.00	11245.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	122749.19	752118.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	517992.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	162207.48
25. SUBTOTAL (add Line 23 and Line 24).....	680200.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122749.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	557451.12

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

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

FOR LINE NUMBER: PAGE 5 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Aegon USA PAC
Mailing Address 1111 N Charles St
City Baltimore State MD Zip Code 21201-5505
FEC ID number of contributing federal political committee. **C** C00236414
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 03 / 24 / 2008
Transaction ID: 80328.C11865
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)
AFLAC Incorporated PAC
Mailing Address 1932 Wynnton Road
City Columbus State GA Zip Code 31999
FEC ID number of contributing federal political committee. **C** C00034157
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt 03 / 03 / 2008
Transaction ID: 80328.C11798
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)
Amer. College of Surgeons PAC
Mailing Address PAC (ACSPA-Surgeons PAC)
1640 Wisconsin Avenue, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00382424
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80403.C11949
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 6 / 97
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Amer. Soc. of Plastic Surgeons PAC		Date of Receipt
	Mailing Address 444 East Algonquin Road Attn: J. H. Kent		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington Heights	IL	60005
	FEC ID number of contributing federal political committee.		<input type="text" value="C00249342"/>
Name of Employer		Occupation	Transaction ID: 80129.C11622
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="2000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) American Academy of Ophthalmology PAC		Date of Receipt
	Mailing Address 1101 Vermont Ave NW Ste 700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005-3526
	FEC ID number of contributing federal political committee.		<input type="text" value="C00196246"/>
Name of Employer		Occupation	Transaction ID: 80407.C11958
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="2000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) American Academy of Otolaryngology		Date of Receipt
	Mailing Address Head & Neck Surgery PAC One Prince Street		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C00306449"/>
Name of Employer		Occupation	Transaction ID: 80403.C11953
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="7500.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
American Assoc Marriage & Family Therapy
Mailing Address 112 South Alfred Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. C C00198259

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2008
Transaction ID: 80403.C11950
 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)
American Bankers Assn. PAC
Mailing Address 1120 Connecticut Avenue, N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt M M / D D / Y Y Y Y
01 / 29 / 2008
Transaction ID: 80129.C11624
 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)
American Bankers Assn. PAC
Mailing Address 1120 Connecticut Avenue, N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2008
Transaction ID: 80328.C11802
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
American College of Cardiology PAC
Mailing Address 9111 Old Georgetown Road
City Bethesda State MD Zip Code 20814
FEC ID number of contributing federal political committee. **C** C00375360
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80402.C11932
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)
American Express PAC
Mailing Address 801 Pennsylvania Ave NW Ste 650
City Washington State DC Zip Code 20004-2673
FEC ID number of contributing federal political committee. **C** C00040535
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 08 / 2008
Transaction ID: 80328.C11636
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)
American Express PAC
Mailing Address 801 Pennsylvania Ave NW Ste 650
City Washington State DC Zip Code 20004-2673
FEC ID number of contributing federal political committee. **C** C00040535
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 24 / 2008
Transaction ID: 80328.C11866
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 7000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
American Financial Services PAC

Mailing Address 919 18th St NW

City Washington State DC Zip Code 20006-5519

FEC ID number of contributing federal political committee. C C00038604

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: 80328.C11799

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
American Occupational Therapy Assoc PAC

Mailing Address 4720 Montgomery Ln

City Bethesda State MD Zip Code 20814-5320

FEC ID number of contributing federal political committee. C C00089086

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80403.C11952

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)
American Psychiatric Association PAC

Mailing Address 1000 Wilson Blvd Ste 1825

City Arlington State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. C C00373696

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80402.C11933

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Bank of America PAC

Mailing Address 600 Peachtree Street., NE., 3rd Fl

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. C C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 80328.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)
Capital One Associates PAC

Mailing Address 1680 Capital One Dr

City Mc Lean State VA Zip Code 22102-3406

FEC ID number of contributing federal political committee. C C00326595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: 80328.C11796

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)
Caterpillar Employees PAC

Mailing Address 100 NE Adams Street

City Peoria State IL Zip Code 61629

FEC ID number of contributing federal political committee. C C00148031

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Primary Debt 04

Election Cycle-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80402.C11939

Amount of Each Receipt this Period 5000.00

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

SUBTOTAL of Receipts This Page (optional) 8000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Caterpillar Employees PAC
Mailing Address 100 NE Adams Street
City Peoria State IL Zip Code 61629
FEC ID number of contributing federal political committee. **C** C00148031
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8
Transaction ID: 80402.C11938
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)
Citigroup PAC
Mailing Address 1101 Pennsylvania Ave NW Ste 1000
City Washington State DC Zip Code 20004-2524
FEC ID number of contributing federal political committee. **C** C00008474
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8
Transaction ID: 80328.C11864
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)
Clear Channel Communications PAC
Mailing Address 200 E Basse Rd
City San Antonio State TX Zip Code 78209-8328
FEC ID number of contributing federal political committee. **C** C00279216
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8
Transaction ID: 80328.C11895
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) ▶ **6500.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1500 Market St
Attn: Brian L. Roberts

City Philadelphia State PA Zip Code 19102-2150

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 02 / 20 / 2008
Transaction ID: 80328.C11753
 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)
Credit Union Leg. Action Council

Mailing Address 601 Pennsylvania Avenue, NW
South Bldg, Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11927
 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)
Dealers Election Action Committee

Mailing Address Natl Auto Dealers Assn PAC
8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 28 / 2008
Transaction ID: 80402.C11936
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 97

(check only one)

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

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)
Price for Congress

A.

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

Mailing Address Natl Auto Dealers Assn PAC
8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80407.C11959

Amount of Each Receipt this Period

3000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Financial Services Institute PAC

Mailing Address 900 Circle 75 Parkway, Ste. 1300

City State Zip Code
Atlanta GA 30339

FEC ID number of contributing federal political committee. **C** C00409714

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 80328.C11852

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)
General Electric Co. PAC

Mailing Address 4200 Wildwood Parkway

City State Zip Code
Atlanta GA 30339

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 80328.C11922

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Georgia Mining Association PAC
Mailing Address 4885 Riverside Dr.Suite 108

City State Zip Code
Macon GA 31210

FEC ID number of contributing federal political committee. **C** C00100289

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 80328.C11639

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)
Georgia Power Co. Federal PAC
Mailing Address 241 Ralph McGill Blvd.

City State Zip Code
Atlanta GA 30308

FEC ID number of contributing federal political committee. **C** C00119776

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80407.C11962

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Hanger Orthopedic Group PAC
Mailing Address 2 Bethesda Metro Ctr Ste 1200

City State Zip Code
Bethesda MD 20814-6320

FEC ID number of contributing federal political committee. **C** C00430397

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 8

Transaction ID: 80129.C11619

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
HSBC North America PAC
Mailing Address 2700 Sanders Road
City Prospect Heights State IL Zip Code 60070
FEC ID number of contributing federal political committee. **C** C00033423
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: 02 / 08 / 2008
Transaction ID: 80328.C11634
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)
HSBC North America PAC
Mailing Address 2700 Sanders Road
City Prospect Heights State IL Zip Code 60070
FEC ID number of contributing federal political committee. **C** C00033423
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: 03 / 24 / 2008
Transaction ID: 80328.C11863
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)
Independent Community Bankers PAC
Mailing Address One Thomas Circle, NW., Ste. 400
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00032698
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 02 / 05 / 2008
Transaction ID: 80328.C11628
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Lincoln National Corporation PAC

Mailing Address 1300 S. Clinton Street

City State Zip Code
Fort Wayne IN 46801

FEC ID number of contributing federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 80402.C11942

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)
McKesson Corporation Employee

Mailing Address Political Fund
One Post Street, 34th Floor

City State Zip Code
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 80402.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)

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

Mailing Address 16011 NE 36th Way
Box 97017

City State Zip Code
Redmond WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80403.C11947

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Mirant PAC
Mailing Address 1155 Perimeter Ctr W Fl 10
City Atlanta State GA Zip Code 30338-5463
FEC ID number of contributing federal political committee. **C** C00365007
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 01 / 29 / 2008
Transaction ID: 80129.C11621
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC
Mailing Address 1585 Broadway, 39th Floor
City New York State NY Zip Code 10014
FEC ID number of contributing federal political committee. **C** C00337626
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80402.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)
National Assn of Health Underwriters PAC
Mailing Address 2000 14th St N Ste 450
City Arlington State VA Zip Code 22201-2506
FEC ID number of contributing federal political committee. **C** C00283135
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 01 / 29 / 2008
Transaction ID: 80129.C11620
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 18 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
NSSGA Rock PAC
Mailing Address 1605 King St.
City Alexandria State VA Zip Code 22314-2726
FEC ID number of contributing federal political committee. **C** C00089458
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80407.C11963
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)
Ob-Gyns for Womens Health PAC
Mailing Address PO Box 23498
City Washington State DC Zip Code 20026
FEC ID number of contributing federal political committee. **C** C00364158
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80402.C11934
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)
Oral and Maxillofacial Surgery PAC
Mailing Address 9700 Bryn Mawr Ave
City Rosemont State IL Zip Code 60018-5701
FEC ID number of contributing federal political committee. **C** C00005660
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11918
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) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
PCI PAC

Mailing Address 2600 S River Rd

City State Zip Code
Des Plaines IL 60018-3203

FEC ID number of contributing federal political committee. C C00066472

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 28 / 2008

Transaction ID: 80402.C11935

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)
Physician Hospitals of America PAC

Mailing Address 600 S Cliff Ave Ste 106

City State Zip Code
Sioux Falls SD 57104-5355

FEC ID number of contributing federal political committee. C C00394163

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
02 / 08 / 2008

Transaction ID: 80328.C11633

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)
Physician Hospitals of America PAC

Mailing Address 600 S Cliff Ave Ste 106

City State Zip Code
Sioux Falls SD 57104-5355

FEC ID number of contributing federal political committee. C C00394163

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 80328.C11853

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Physician Insurers Assoc. of America PAC

Mailing Address 2275 Research Blvd., Ste. 250

City State Zip Code
Rockville MD 20850

FEC ID number of contributing federal political committee. **C** C00319319

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 9 / 2 0 0 8

Transaction ID: 80328.C11854

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)
Powell Goldstein PAC

Mailing Address One Atlantic Center 14Th Floor
1201 W. Peachtree St. NW.

City State Zip Code
Atlanta GA 30303

FEC ID number of contributing federal political committee. **C** C00218891

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 9 / 2 0 0 8

Transaction ID: 80129.C11617

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)
PriceWaterHouseCoopers PAC

Mailing Address 1900 K St NW

City State Zip Code
Washington DC 20006-1108

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 80402.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)

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
RJ Reynolds PAC
Mailing Address PO Box 718
City Winston Salem State NC Zip Code 27102-0718
FEC ID number of contributing federal political committee. **C** C00042002
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 28 / 2008
Transaction ID: 80402.C11940
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)
Ron Lewis for Congress
Mailing Address PO Box 307
City Elizabethtown State KY Zip Code 42702-0307
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11917
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)
Ron Lewis for Congress
Mailing Address PO Box 307
City Elizabethtown State KY Zip Code 42702-0307
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11916
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) ► 5000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Sallie Mae PAC
Mailing Address P.O. Box 221230
City Chantilly State VA Zip Code 20153-1230
FEC ID number of contributing federal political committee. **C** C00331835
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 80328.C11754
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)
Sallie Mae PAC
Mailing Address P.O. Box 221230
City Chantilly State VA Zip Code 20153-1230
FEC ID number of contributing federal political committee. **C** C00331835
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00
Date of Receipt 03 / 19 / 2008
Transaction ID: 80328.C11855
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)
Society of Interventional Radiology PAC
Mailing Address 3975 Fair Ridge Drive, Suite 400
City Fairfax State VA Zip Code 22033
FEC ID number of contributing federal political committee. **C** C00408435
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 02 / 08 / 2008
Transaction ID: 80328.C11635
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
The Doctors Company PAC
Mailing Address 185 Greenwood Road

City State Zip Code
Napa CA 94558

FEC ID number of contributing federal political committee. C C00300376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
01 / 29 / 2008

Transaction ID: 80129.C11623

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
The Home Depot PAC
Mailing Address 2455 Paces Ferry Road
Floor C-17

City State Zip Code
Atlanta GA 30339-4024

FEC ID number of contributing federal political committee. C C00284885

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80403.C11951

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)
Trans Union PAC
Mailing Address 555 West Adams Street

City State Zip Code
Chicago IL 60661

FEC ID number of contributing federal political committee. C C00313700

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: 80328.C11797

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address 55 Glenlake Parkway NE, Suite 400

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. C C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80403.C11948

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)
Visa PAC

Mailing Address 1300 Connecticut Ave NW Ste 900

City Washington State DC Zip Code 20036-1714

FEC ID number of contributing federal political committee. C C00365122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 80328.C11801

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)
Wachovia Employees Good Government Fund

Mailing Address 4087 Shawnee Lane

City Atlanta State GA Zip Code 30319

FEC ID number of contributing federal political committee. C C00012518

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 80328.C11921

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Washington Mutual PAC

Mailing Address 1215 4th Avenue, FCB 1620
Attn: M. Scott Gaspard

City State Zip Code
Seattle WA 98161

FEC ID number of contributing federal political committee. **C** C00129833

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 80328.C11800

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	95000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Richard Amerson, MD		Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 3122 Kingscliff Way NE		Transaction ID: 80328.C11827
	City Atlanta	State GA	Zip Code 30345
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Northside Radiology Assoc.	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Edward Annis		Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 422 NE 93rd Street		Transaction ID: 80328.C11716
	City Miami	State FL	Zip Code 33158
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer None	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Joseph Annis		Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 3 Sundown Pkwy		Transaction ID: 80328.C11749
	City Austin	State TX	Zip Code 78746
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Kerry Armstrong		Date of Receipt
	Mailing Address 3950 Shackleford Road, Ste. 300		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Duluth	GA	30096
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11891
Name of Employer Duke Realty		Occupation Commercial Real Estate	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Gordon Austin		Date of Receipt
	Mailing Address 819 Dixie Street		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carrollton	GA	30117
	FEC ID number of contributing federal political committee. C		Transaction ID: 80129.C11625
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="230.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="920.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Gordon Austin		Date of Receipt
	Mailing Address 819 Dixie Street		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Carrollton	GA	30117
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11862
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="230.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1150.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1460.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Rick Bailey</p> <p>Mailing Address 117 Royal Oaks Drive</p> <p>City State Zip Code Canton GA 30115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Insurance Agent</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 02 / 19 / 2008</p> <p>Transaction ID: 80328.C11705</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) David Baird</p> <p>Mailing Address 4265 Fairway Villas Dr</p> <p>City State Zip Code Alpharetta GA 30022-6238</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 02 / 19 / 2008</p> <p>Transaction ID: 80328.C11683</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Florence Barnett</p> <p>Mailing Address 760 Old Rucker Rd</p> <p>City State Zip Code Alpharetta GA 30004-4041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 17 / 2008</p> <p>Transaction ID: 80328.C11834</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Michael Bates

Mailing Address 1320 Argyll Dr

City State Zip Code
Arnold MD 21012-2104

FEC ID number of contributing federal political committee. C

Name of Employer Timmons and Company Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 80129.C11618
 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)
Tom Bell

Mailing Address 40 Valley Road

City State Zip Code
Atlanta GA 30305

FEC ID number of contributing federal political committee. C

Name of Employer Cousins Properties Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11888
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Bentley, Bentley & Bentley

Mailing Address 241 Washington Avenue

City State Zip Code
Marietta GA 30060

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11899
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 30 / 97
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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Fred Bentley, Sr.		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 241 Washington Avenue		Transaction ID: 80328.C11900		
	City Marietta	State GA	Zip Code 30060	Amount of Each Receipt this Period 333.33	
	FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Bentley, Bentley & Bentley		
	Name of Employer Bentley, Bentley & Bentley	Occupation Executive	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼	666.67
--------------------------	--------

B.	Full Name (Last, First, Middle Initial) Randall Bentley		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 241 Washington Avenue		Transaction ID: 80328.C11902		
	City Marietta	State GA	Zip Code 30060	Amount of Each Receipt this Period 333.34	
	FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Bentley, Bentley & Bentley		
	Name of Employer Bentley, Bentley & Bentley	Occupation Executive	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼	666.67
--------------------------	--------

C.	Full Name (Last, First, Middle Initial) Fred Bentley, Jr.		Date of Receipt MM / DD / YYYY 03 / 27 / 2008		
	Mailing Address 241 Washington Avenue		Transaction ID: 80328.C11901		
	City Marietta	State GA	Zip Code 30060	Amount of Each Receipt this Period 333.33	
	FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] PARTNERSHIP		
	Name of Employer Bentley, Bentley & Bentley	Occupation Executive	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼	333.33
--------------------------	--------

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 97

(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)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Timothy Binkley

Mailing Address 180 Glenclairn Ct.

City Roswell State GA Zip Code 30076

FEC ID number of contributing federal political committee. C

Name of Employer Valentines Diabetic Supply Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2008

Transaction ID: 80402.C11946

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Judy Black

Mailing Address 2626 Parker Trail

City Gainesville State GA Zip Code 30506

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2008

Transaction ID: 80328.C11816

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
James Blair

Mailing Address 715 Combee Way

City Roswell State GA Zip Code 30076

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Healthcare Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2008

Transaction ID: 80328.C11791

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Charles Blitzer, MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 61 Canney Road		Transaction ID: 80328.C11795
	City Durham	State NH	Zip Code 03824
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	250.00	

B.	Full Name (Last, First, Middle Initial) Teresa Bortolazzo		Date of Receipt MM / DD / YYYY 01 / 21 / 2008
	Mailing Address 5226 Old Mountain Lane		Transaction ID: 80124.C11609
	City Powder Springs	State GA	Zip Code 30127
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer None	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	2300.00	

C.	Full Name (Last, First, Middle Initial) Anthony Britton		Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 4105 Hickory Fairway Dr		Transaction ID: 80328.C11890
	City Woodstock	State GA	Zip Code 30188-2304
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Wachovia	Occupation Senior VP	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 97

(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)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Mary Ellen Brown

Mailing Address 3832 Wesley Chapel Rd

City State Zip Code
Marietta GA 30062-4177

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

Name of Employer Occupation
Cobb EMC CEO

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 80328.C11914

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)
John Cain

Mailing Address 4111 Brigade Trl NW

City State Zip Code
Kennesaw GA 30152-5489

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 80328.C11897

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Isabel Cannon

Mailing Address 100 Cardinal Drive

City State Zip Code
Roswell GA 30075

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

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: 80328.C11776

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) David Connell		Date of Receipt
	Mailing Address 1769 Sands Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 27 / 2008
	City	State	Zip Code
	Marietta	GA	30067
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11892
Name of Employer Georgia Power		Occupation Region Distribution Manager	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Jerry Cooper		Date of Receipt
	Mailing Address 1040 Judith Way NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 27 / 2008
	City	State	Zip Code
	Atlanta	GA	30324-2905
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11925
Name of Employer Self-Employed		Occupation Architect	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Howard Cotler		Date of Receipt
	Mailing Address 6350 Rutgers Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 04 / 2008
	City	State	Zip Code
	Houston	TX	77005-3318
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11626
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 97
(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)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Bryan Crafts

Mailing Address 1440 Dunwoody Club Dr.

City Atlanta State GA Zip Code 30350

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt 02 / 19 / 2008

Transaction ID: 80328.C11748

Amount of Each Receipt this Period 125.00

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

B.

Full Name (Last, First, Middle Initial)
Elizabeth Edelman

Mailing Address 310 Park Glen Pt NW

City Atlanta State GA Zip Code 30327-4866

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2008

Transaction ID: 80328.C11632

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)
Anne Eldridge

Mailing Address 3886 Northside Drive NW

City Atlanta State GA Zip Code 30342

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

Name of Employer Self-Employed Occupation Lumber Company Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 02 / 22 / 2008

Transaction ID: 80328.C11786

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) ► 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Pamela Farmer	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 120 Dunwoody Creek Ct	Transaction ID: 80328.C11677
	City State Zip Code Atlanta GA 30350-4318	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Joseph Fenton	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 1068 Foreststone Way SW	Transaction ID: 80328.C11777
	City State Zip Code Marietta GA 30064	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Facility Group Program Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) James Galicki	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 715 Old Knoll, VW	Transaction ID: 80328.C11649
	City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

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

Mailing Address 1421 Cameron Glen Dr

City State Zip Code
Marietta GA 30062-3012

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Riverside Bank Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
03 / 27 / 2008

Transaction ID: 80328.C11882

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)
Johnny Gresham

Mailing Address 1200 Johnson Ferry Rd Ste 360

City State Zip Code
Marietta GA 30068-2755

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
03 / 27 / 2008

Transaction ID: 80328.C11898

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
John Gwynn

Mailing Address 10215 Crescent Ridge Dr

City State Zip Code
Roswell GA 30076-3728

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
02 / 12 / 2008

Transaction ID: 80328.C11657

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) John Gwynn</p> <p>Mailing Address 10215 Crescent Ridge Dr</p> <p>City State Zip Code Roswell GA 30076-3728</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: 80328.C11903</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Coe Hamling</p> <p>Mailing Address 11350 Woodstock Rd. Apt. 2106</p> <p>City State Zip Code Roswell GA 30075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 680.00</p>	<p>Date of Receipt 03 / 31 / 2008</p> <p>Transaction ID: 80407.C11956</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Rickard Hawkins</p> <p>Mailing Address 670 Briarleigh Way</p> <p>City State Zip Code Woodstock GA 30189-6783</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ambulatory Anesthesia of Atl Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 17 / 2008</p> <p>Transaction ID: 80328.C11826</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 39 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Samuel Head
 Mailing Address 1560 Warsaw Road, Ste 100
 City Roswell State GA Zip Code 30076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 8
Transaction ID: 80328.C11905
 Amount of Each Receipt this Period
 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bill Heinz
 Mailing Address 9285 Riverclub Parkway
 City Duluth State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heinz & Associates Occupation Chairman
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 8
Transaction ID: 80328.C11757
 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)
Ella Helm
 Mailing Address 3385 Hallmark Drive, SE.
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 775.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 80328.C11665
 Amount of Each Receipt this Period
 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Ella Helm		Date of Receipt
	Mailing Address 3385 Hallmark Drive, SE.		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Retired	Transaction ID: 80328.C11909
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Receipt
		<input type="text" value="975.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Robert Herring		Date of Receipt
	Mailing Address 135 Blackland Ct E		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30067-4001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer WOFD		Occupation Corp Officer	Transaction ID: 80328.C11658
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Receipt
		<input type="text" value="250.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Andy Heyward		Date of Receipt
	Mailing Address 6730 Castleton Drive		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Atlanta	GA	30328
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Insurance	Transaction ID: 80328.C11654
Receipt For: 2008		Amount of Each Receipt this Period	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2300.00"/>	
<input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Receipt
		<input type="text" value="2300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Randolph Houchins</p> <p>Mailing Address 5575 Preserve Circle</p> <p>City State Zip Code Alpharetta GA 30005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cellnet Technology, Inc. Occupation Attorney</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 770.00</p>	<p>Date of Receipt 03 / 17 / 2008</p> <p>Transaction ID: 80328.C11840</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) James Johnson</p> <p>Mailing Address 545 Lakemont Court</p> <p>City State Zip Code Roswell GA 30075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 400.00</p>	<p>Date of Receipt 02 / 19 / 2008</p> <p>Transaction ID: 80328.C11697</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Fred Keith</p> <p>Mailing Address 3266 Laramie Drive</p> <p>City State Zip Code Atlanta GA 30339</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Atlanta Bonded Warehouse Occupation President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1250.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: 80328.C11915</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Khalida Khalil
Mailing Address 5101 Tilly Mill Rd
City Atlanta State GA Zip Code 30360-1912
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 225.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80328.C11811
Amount of Each Receipt this Period 50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daryl Kirkby, MD
Mailing Address 143 West Louis Way
City Tempe State AZ Zip Code 85284
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Surgeon
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 02 / 22 / 2008
Transaction ID: 80328.C11765
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Kiser
Mailing Address 500 Church St NE
City Marietta State GA Zip Code 30060-1322
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.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) ▶ 550.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Rodney Knowles, III</p> <p>Mailing Address 3725 Rocky Ivy Trail</p> <p>City State Zip Code Roswell GA 30075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Northwestern Mutual Executive</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: 80328.C11877</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Judson Langley</p> <p>Mailing Address 1005 Kinghorn Ct NW</p> <p>City State Zip Code Kennesaw GA 30152-6972</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bank of North Georgia Senior VP</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: 80328.C11879</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Tad Leithead</p> <p>Mailing Address 524 Gramercy Drive NE</p> <p>City State Zip Code Marietta GA 30068</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cousins Properties Real Estate</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt 03 / 27 / 2008</p> <p>Transaction ID: 80328.C11889</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	4850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Myron Leslie
 Mailing Address 11350 Woodstock Rd Apt 2310
 City Roswell State GA Zip Code 30075-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt 02 / 19 / 2008
Transaction ID: 80328.C11687
 Amount of Each Receipt this Period 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard Levitt
 Mailing Address 487 Cambridge Way
 City Atlanta State GA Zip Code 30328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Fulton Pediatrics Occupation Physician
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00
 Date of Receipt 02 / 19 / 2008
Transaction ID: 80328.C11694
 Amount of Each Receipt this Period 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ben Lilly
 Mailing Address 485 Waer Shadow Lane
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Real Estate
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt 02 / 12 / 2008
Transaction ID: 80328.C11648
 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) ► 450.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) James G. Lindell, Jr.	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1225 Redfield Rdg	Transaction ID: 80328.C11652
	City State Zip Code Atlanta GA 30338-3731	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Charles Loudermilk	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 309 E Paces Ferry Rd NE Ste 1100	Transaction ID: 80402.C11943
	City State Zip Code Atlanta GA 30305-2385	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Aaron Rents	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Maureen Luke	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 9150 Old Southwick Pass	Transaction ID: 80328.C11783
	City State Zip Code Alpharetta GA 30022	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 97

(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)
Price for Congress

A.

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

Mailing Address 4735 Woodvale Drive

City State Zip Code
Atlanta GA 30327

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

Name of Employer Occupation
Northside Anesthesiology Anesthesiologist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: 80328.C11736

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Carl Magoon

Mailing Address 11975 Chaffin Dr.

City State Zip Code
Roswell GA 30075

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

Name of Employer Occupation
Waddell, Smith, Magoon & Free CPA

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 80328.C11815

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)
Peter Mandell, MD

Mailing Address 55 Bates Road

City State Zip Code
Burlingame CA 94010

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: 80328.C11790

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 47 / 97
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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Peter Mandell, MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 55 Bates Road		Transaction ID: 80328.C11789
	City State Zip Code Burlingame CA 94010	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 800.00
	Name of Employer Self-Employed	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) William Marks		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 125 Oakside Court Suite 102		Transaction ID: 80328.C11792
	City State Zip Code Canton GA 30114	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Northside Hospital	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Caric Martin		Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 353 Owl Creek Drive		Transaction ID: 80328.C11929
	City State Zip Code Powder Springs GA 30127	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Georgian Bank	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 97
	(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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Mark McBride	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 454 Summit Club Dr	Transaction ID: 80328.C11647
	City State Zip Code Marietta GA 30068-4036	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Resurgens Orthopaedics Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Sandy Miller	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 5614 Vinings Place Trl	Transaction ID: 80328.C11923
	City State Zip Code Mableton GA 30126-5682	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Gas South CFO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Robert Nesbitt	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1189 Stoneheath Mews	Transaction ID: 80328.C11663
	City State Zip Code Marietta GA 30068	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
James Ney

Mailing Address 554 Hackney Drive

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation
Holt Ney Zatzoff & Wasserman Attorney

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

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 80328.C11910

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
North Fulton ENT Associates

Mailing Address 2500 Hospital Boulevard, Suite 450

City State Zip Code
Roswell GA 30076

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

Name of Employer Occupation

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

Date of Receipt
MM / DD / YYYY
02 / 22 / 2008

Transaction ID: 80328.C11760

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Mark Yanta, MD

Mailing Address 2500 Hospital Boulevard, Suite 450

City State Zip Code
Roswell GA 30076

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

Name of Employer Occupation
North Fulton ENT Assoc. Physician

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

Date of Receipt
MM / DD / YYYY
02 / 22 / 2008

Transaction ID: 80328.C11759

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->North Fulton ENT Associates

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Jim Nunley		Date of Receipt
	Mailing Address Dumc # 2923		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durham	NC	27710-0001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Duke University		Occupation Physician	Transaction ID: 80124.C11613
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Michael Paris		Date of Receipt
	Mailing Address 150 E. Blackland Court		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Council for Quality Growth		Occupation President and CEO	Transaction ID: 80328.C11887
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Bill Pinto		Date of Receipt
	Mailing Address 3808 Berry Bridge Way		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30067
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hardin Construction		Occupation Executive	Transaction ID: 80402.C11945
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
		<input type="text" value="2300.00"/>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3050.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 51 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Basil Politis

Mailing Address 735 Wickerberry Knoll

City Roswell State GA Zip Code 30075

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 80328.C11908

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Virginia Rainey

Mailing Address 267 Kennesaw Ave NW

City Marietta State GA Zip Code 30060-1671

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

Name of Employer Cumberland Comm. Improvement Occupation Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2008

Transaction ID: 80328.C11912

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)
A N Regas

Mailing Address 1085 Mount Vernon Hwy NW

City Atlanta State GA Zip Code 30327

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

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

315.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2008

Transaction ID: 80328.C11689

Amount of Each Receipt this Period
53.00

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

SUBTOTAL of Receipts This Page (optional) ► **1153.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 97
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Jim Rhoden</p> <p>Mailing Address 1985 N Park PI SE</p> <p>City Atlanta State GA Zip Code 30339-2004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Futren Corporation Occupation President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80328.C11893</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	8													
1000.00																						

<p>B. Full Name (Last, First, Middle Initial) John Rhodes</p> <p>Mailing Address Mountain Home Care Equipment, Inc. 194 Vista Dr.</p> <p>City Ellijay State GA Zip Code 30540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mt. Home Care Equipment, Inc. Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80407.C11960</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">250.00</td> </tr> </table> </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	3	1	/	2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	3	1	/	2	0	0	8													
250.00																						

<p>C. Full Name (Last, First, Middle Initial) John Rice</p> <p>Mailing Address 830 Hedgegate Court</p> <p>City Roswell State GA Zip Code 30075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GE Power Systems Occupation President and CEO</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: 80328.C11926</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> </p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	8													
1000.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">2250.00</td> </tr> </table>	2250.00
2250.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Colin Richman		Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 5655 Errol Place		Transaction ID: 80328.C11685
	City Atlanta	State GA	Zip Code 30327
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Periodontist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Malaika Rivers		Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 241 Webney Dr		Transaction ID: 80328.C11884
	City Marietta	State GA	Zip Code 30068-3861
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Clyde Rodbell		Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 116 Valley Road NW		Transaction ID: 80328.C11850
	City Atlanta	State GA	Zip Code 30305
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer None	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 97
	<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) David Rozier	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 540 Indigo Dr.	Transaction ID: 80328.C11781
	City State Zip Code Roswell GA 30075	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mirant	Occupation VP, Govt Affairs	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Charlotte Scales	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 912 Mountain Top Dr. NE	Transaction ID: 80328.C11778
	City State Zip Code Marietta GA 30062	Amount of Each Receipt this Period 106.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 335.00	

C.	Full Name (Last, First, Middle Initial) Fred Shessel	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 4777 Riverview Road, NW	Transaction ID: 80328.C11837
	City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Georgia Urology	Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	706.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Earl Smith</p> <p>Mailing Address 964 Industrial Park Dr</p> <p>City State Zip Code Marietta GA 30062-2433</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Heating & Air</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8</p> <p>Transaction ID: 80328.C11911</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Bill Spencer</p> <p>Mailing Address 5060 Eves Place</p> <p>City State Zip Code Roswell GA 30076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Spencer Pest Control Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8</p> <p>Transaction ID: 80328.C11731</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Bill Spencer</p> <p>Mailing Address 5060 Eves Place</p> <p>City State Zip Code Roswell GA 30076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Spencer Pest Control Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 8</p> <p>Transaction ID: 80328.C11904</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Carol Stelling
 Mailing Address 5305 Baldwin Ridge Trl
 City State Zip Code
 Marietta GA 30068-1562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 8
Transaction ID: 80328.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)
Richard Stiles
 Mailing Address 2461 Fawn Ridge
 City State Zip Code
 Stone Mountain GA 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlanta Radiology Consultants Physician
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 5 / 2 0 0 8
Transaction ID: 80328.C11629
 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)
Gary Swidorski
 Mailing Address 2015 Saint Michelle Pl
 City State Zip Code
 Alpharetta GA 30004-7153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Turner Construction Sales Manager
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 8
Transaction ID: 80328.C11919
 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) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 97
	<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	

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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Barry Teague		Date of Receipt
	Mailing Address 2181 New Market Pkwy SE		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	GA	30067-8770
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11894
Name of Employer Walton Communities		Occupation Managing Partner	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2300.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Gordon Teel		Date of Receipt
	Mailing Address 5500 Powers Ridge Ct.		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Atlanta	GA	30327
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11928
Name of Employer G. Teel Enterprises, Inc.		Occupation President and CEO	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2300.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Leo Tonkin		Date of Receipt
	Mailing Address 4368 Sunset Court		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Warrenton	VA	20187
	FEC ID number of contributing federal political committee. C		Transaction ID: 80328.C11844
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4850.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
William Underwood
 Mailing Address 9455 River Lake Dr.
 City Roswell State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **250.00**
 Date of Receipt 02 / 19 / 2008
Transaction ID: 80328.C11750
 Amount of Each Receipt this Period 150.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Voyles
 Mailing Address 2606 Orchard Run SE
 City Atlanta State GA Zip Code 30339-4651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seven Oaks Company, LLC Occupation President and CEO
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **2300.00**
 Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11885
 Amount of Each Receipt this Period 2300.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan Wheatley
 Mailing Address 13535 New Providence Road
 City Alpharetta State GA Zip Code 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crab Apple OB/GYN Occupation Physician
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **1750.00**
 Date of Receipt 03 / 21 / 2008
Transaction ID: 80328.C11859
 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) **2700.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Albert Wickman
Mailing Address 1952 Chartwell Ct
City Marietta State GA Zip Code 30066-4592
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 02 / 19 / 2008
Transaction ID: 80328.C11693
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Wilkinson
Mailing Address 320 Oakwood Dr.
City Meridian State MS Zip Code 39305
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Pathologist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 02 / 22 / 2008
Transaction ID: 80328.C11775
Amount of Each Receipt this Period 150.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Yvonne Williams
Mailing Address 913 Chipley Court
City Marietta State GA Zip Code 30062
FEC ID number of contributing federal political committee. **C**
Name of Employer Perimeter Community Improvements Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 450.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80328.C11883
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) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Jack Winter

Mailing Address 3050 Margaret Mitchell Drive
No. 8

City Atlanta State GA Zip Code 30327

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

Name of Employer The Winter Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
01 / 21 / 2008

Transaction ID: 80124.C11611

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Shay Womack

Mailing Address 440 Oakmont Circle

City Marietta State GA Zip Code 30067

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

Name of Employer Resurgens Orthopaedics Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt MM / DD / YYYY
03 / 21 / 2008

Transaction ID: 80328.C11858

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)
Tal Wright

Mailing Address 3371 Saxony Gln

City Marietta State GA Zip Code 30066-4797

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

Name of Employer Georgia Power Occupation VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 80328.C11930

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) ► 1000.00

TOTAL This Period (last page this line number only) ► 56619.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 97
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
North Fulton Republican Womens Club

Mailing Address 6750 River Springs Ct NW

City	State	Zip Code
Sandy Springs	GA	30328-2016

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

Name of Employer	Occupation

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: 80328.C11851

Amount of Each Receipt this Period

10.00

Offsets to Operating Expenditure

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

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	10.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 97
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial)
Bank of North Georgia
Mailing Address 8025 Westside Parkway
City Alpharetta State GA Zip Code 30004-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 6775.02
Date of Receipt 01 / 31 / 2008
Transaction ID: 80328.C11668
Amount of Each Receipt this Period 15.12
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bank of North Georgia
Mailing Address 8025 Westside Parkway
City Alpharetta State GA Zip Code 30004-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 7702.17
Date of Receipt 02 / 18 / 2008
Transaction ID: 80701.C12865
Amount of Each Receipt this Period 927.15
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bank of North Georgia
Mailing Address 8025 Westside Parkway
City Alpharetta State GA Zip Code 30004-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 7714.49
Date of Receipt 02 / 29 / 2008
Transaction ID: 80328.C11856
Amount of Each Receipt this Period 12.32
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **954.59**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 97	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial) Bank of North Georgia		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8
Mailing Address 8025 Westside Parkway		Transaction ID: 80410.C11987
City Alpharetta	State GA	Zip Code 30004-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.89
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7728.38	

SUBTOTAL of Receipts This Page (optional)	13.89
TOTAL This Period (last page this line number only)	968.48

**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)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1 ADP Blvd.</p> <p>City Roseland State NJ Zip Code 07068-</p> <p>Purpose of Disbursement Payroll Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1978</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 43.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1 ADP Blvd.</p> <p>City Roseland State NJ Zip Code 07068-</p> <p>Purpose of Disbursement Payroll Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1979</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 71.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 1 ADP Blvd.</p> <p>City Roseland State NJ Zip Code 07068-</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1993</p> <p>Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 590.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p>

SUBTOTAL of Disbursements This Page (optional)	705.52
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Blvd. City Roseland State NJ Zip Code 07068- Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80328.E1994 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 223.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
B.	Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Blvd. City Roseland State NJ Zip Code 07068- Purpose of Disbursement Payroll Fees 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) ▼		Transaction ID: 80328.E1995 Date of Disbursement 02 / 13 / 2008 Amount of Each Disbursement this Period 73.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL FEES
C.	Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Blvd. City Roseland State NJ Zip Code 07068- Purpose of Disbursement Payroll Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80328.E1997 Date of Disbursement 02 / 28 / 2008 Amount of Each Disbursement this Period 89.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	387.37
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: 80328.E1996 Date of Disbursement 02 / 28 / 2008
	Mailing Address 1 ADP Blvd.	Amount of Each Disbursement this Period 488.75
	City Roseland State NJ Zip Code 07068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: 80410.E2025 Date of Disbursement 03 / 05 / 2008
	Mailing Address 1 ADP Blvd.	Amount of Each Disbursement this Period 71.62
	City Roseland State NJ Zip Code 07068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSE

C.	Full Name (Last, First, Middle Initial) ADP	Transaction ID: 80410.E2027 Date of Disbursement 03 / 28 / 2008
	Mailing Address 1 ADP Blvd.	Amount of Each Disbursement this Period 89.81
	City Roseland State NJ Zip Code 07068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	650.18
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
ADP

Transaction ID: 80410.E2026
Date of Disbursement

Mailing Address 1 ADP Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City Roseland State NJ Zip Code 07068-

Amount of Each Disbursement this Period

488.75

Purpose of Disbursement
Payroll Taxes
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

PAYROLL TAXES

B.

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

Transaction ID: 80328.E1980
Date of Disbursement

Mailing Address P.O. Box 360001

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

City Fort Lauderdale State FL Zip Code 33337-

Amount of Each Disbursement this Period

3.50

Purpose of Disbursement
Transaction Fees
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

TRANSACTION FEES

C.

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

Transaction ID: 80402.E2017
Date of Disbursement

Mailing Address P.O. Box 360001

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

City Fort Lauderdale State FL Zip Code 33337-

Amount of Each Disbursement this Period

59.68

Purpose of Disbursement
Transaction Fees
Candidate Name

Category/ Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

TRANSACTION FEES

SUBTOTAL of Disbursements This Page (optional)

551.93

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

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

Transaction ID: 80410.E2029
Date of Disbursement

Mailing Address P.O. Box 360001

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

City State Zip Code
Fort Lauderdale FL 33337-

Amount of Each Disbursement this Period

21.00

Purpose of Disbursement
Transaction Fees

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) ▼

TRANSACTION FEES

State: District:

B.

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

Transaction ID: 80410.E2030
Date of Disbursement

Mailing Address P.O. Box 360001

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	8

City State Zip Code
Fort Lauderdale FL 33337-

Amount of Each Disbursement this Period

36.05

Purpose of Disbursement
Transaction Fees

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) ▼

TRANSACTION FEES

State: District:

C.

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

Transaction ID: 80107.E1927
Date of Disbursement

Mailing Address 205 Pennsylvania Avenue, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

City State Zip Code
Washington DC 20003-

Amount of Each Disbursement this Period

30.60

Purpose of Disbursement
Transaction Fees

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) ▼

TRANSACTION FEES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

87.65

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 914500 City Orlando State FL Zip Code 32891- Purpose of Disbursement Long Distance Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80117.E1938 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 121.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LONG DISTANCE SERVICE
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 914500 City Orlando State FL Zip Code 32891- Purpose of Disbursement Long Distance Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80124.E1944 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 237.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LONG DISTANCE SERVICE
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 914500 City Orlando State FL Zip Code 32891- Purpose of Disbursement Long Distance Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80328.E1960 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 121.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LONG DISTANCE SERVICE

SUBTOTAL of Disbursements This Page (optional)	480.82
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 914500</p> <p>City Orlando State FL Zip Code 32891-</p> <p>Purpose of Disbursement Long Distance Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1962</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="217.23"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LONG DISTANCE SERVICE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 914500</p> <p>City Orlando State FL Zip Code 32891-</p> <p>Purpose of Disbursement Long Distance Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E2004</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="236.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LONG DISTANCE SERVICE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 914500</p> <p>City Orlando State FL Zip Code 32891-</p> <p>Purpose of Disbursement Long Distance Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E2003</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="121.51"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LONG DISTANCE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

575.06

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80117.E1936 Date of Disbursement 01 / 04 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 4914.93
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Loan Interest	Category/Type
	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) ▼
		LOAN INTEREST

B.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80124.E1947 Date of Disbursement 01 / 18 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 11413.33
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below	Category/Type
	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) ▼
		SEE BELOW

C.	Full Name (Last, First, Middle Initial) Atlanta Cellular Service	Transaction ID: 80402.E2016 Date of Disbursement 01 / 18 / 2008
	Mailing Address 1035 Mansell Rd Ste 250B	Amount of Each Disbursement this Period 203.28
	City Roswell State GA Zip Code 30076-4873	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone	Category/Type
	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) ▼
		[MEMO ITEM] MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional)	▶	16328.26
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2012 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 709.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Hartsfield International Airport</p> <p>City Atlanta State GA Zip Code 30320-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2008 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2391.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>C. Full Name (Last, First, Middle Initial) Digital X Press</p> <p>Mailing Address PO Box 545</p> <p>City Denville State NJ Zip Code 07834-0545</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2011 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1252.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PRINTING</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Hyatt Hotels</p> <p>Mailing Address 1 Market Pl # 33</p> <p>City San Diego State CA Zip Code 92101-7714</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="288.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p>
<p>B. Full Name (Last, First, Middle Initial) Intuit Software</p> <p>Mailing Address 2632 Marine Way # MS2700</p> <p>City Mountain View State CA Zip Code 94043-1126</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2014</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="269.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: SOFTWARE</p>
<p>C. Full Name (Last, First, Middle Initial) King and Prince Resort</p> <p>Mailing Address 201 Arnold Rd</p> <p>City Saint Simons Islan State GA Zip Code 31522-4258</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2010</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2615.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Relish</p> <p>Mailing Address 590 Mimosa Blvd</p> <p>City Roswell State GA Zip Code 30075-4429</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2007 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 843.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>B. Full Name (Last, First, Middle Initial) Sherlocks</p> <p>Mailing Address 2156 Roswell Road</p> <p>City Marietta State GA Zip Code 30062-</p> <p>Purpose of Disbursement Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2009 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 527.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING</p>
<p>C. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 10719 Alpharetta Highway</p> <p>City Roswell State GA Zip Code 30076-</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2006 Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 636.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POSTAGE</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Wine Seller	Transaction ID: 80402.E2015 Date of Disbursement 03 / 31 / 2008
	Mailing Address 304 Elden St	Amount of Each Disbursement this Period 1167.90
	City Herndon State VA Zip Code 20170-4816	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Beverage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: EVENT BEVERAGE

B.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80328.E1972 Date of Disbursement 02 / 04 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 3195.52
	City Alpharetta State GA Zip Code 30004-	<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
	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) ▼
		SEE BELOW

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 80410.E2022 Date of Disbursement 02 / 04 / 2008
	Mailing Address Hartsfield International Airport	Amount of Each Disbursement this Period 150.00
	City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional)	▶	3195.52
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) The Congressional Institute	Transaction ID: 80410.E2021 Date of Disbursement																			
	Mailing Address 401 Wythe Street, #103	<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>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
	City Alexandria State VA Zip Code 22314- Purpose of Disbursement Congressional Retreat Travel Candidate Name	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>1</td><td>2</td><td>3</td><td>.</td><td>0</td><td>0</td></tr></table>	2	1	2	3	.	0	0												
2	1	2	3	.	0	0															
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CONGRESSIONAL RETREAT TRAVEL																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) Touch of Georgia	Transaction ID: 80410.E2023 Date of Disbursement																			
	Mailing Address 1841 Marietta Blvd NW Ste J	<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>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
	City Atlanta State GA Zip Code 30318-2849 Purpose of Disbursement Event Gifts Candidate Name	Amount of Each Disbursement this Period <table border="1"><tr><td>8</td><td>2</td><td>2</td><td>5</td><td>.</td><td>2</td><td>0</td></tr></table>	8	2	2	5	.	2	0												
8	2	2	5	.	2	0															
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT GIFTS																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80328.E1998 Date of Disbursement																			
	Mailing Address 8025 Westside Parkway	<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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
	City Alpharetta State GA Zip Code 30004- Purpose of Disbursement Bank Fees Candidate Name	Amount of Each Disbursement this Period <table border="1"><tr><td>2</td><td>5</td><td>.</td><td>5</td><td>0</td></tr></table>	2	5	.	5	0														
2	5	.	5	0																	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK FEES																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2</td><td>5</td><td>.</td><td>5</td><td>0</td></tr></table>	2	5	.	5	0
2	5	.	5	0		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

**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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80328.E1999 Date of Disbursement 03 / 14 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 250.00
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below	SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: 80415.E2031 Date of Disbursement 03 / 14 / 2008
	Mailing Address 10719 Alpharetta Highway	Amount of Each Disbursement this Period 205.00
	City Roswell State GA Zip Code 30076-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	[MEMO ITEM] MEMO: POSTAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80328.E2000 Date of Disbursement 03 / 14 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 732.23
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Taxes	TAXES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	982.23
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Bank of North Georgia	Transaction ID: 80410.E2028 Date of Disbursement 03 / 31 / 2008
	Mailing Address 8025 Westside Parkway	Amount of Each Disbursement this Period 21.00
	City Alpharetta State GA Zip Code 30004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEES

B.	Full Name (Last, First, Middle Initial) Bankcard	Transaction ID: 80328.E1977 Date of Disbursement 01 / 02 / 2008
	Mailing Address 5701 Lindero Canyon Rd., Bldg. 3	Amount of Each Disbursement this Period 61.09
	City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Service Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE FEES

C.	Full Name (Last, First, Middle Initial) Bankcard	Transaction ID: 80328.E1992 Date of Disbursement 02 / 01 / 2008
	Mailing Address 5701 Lindero Canyon Rd., Bldg. 3	Amount of Each Disbursement this Period 15.15
	City Thousand Oaks State CA Zip Code 91362-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Service Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SERVICE FEES

SUBTOTAL of Disbursements This Page (optional)	▶	97.24
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A. Full Name (Last, First, Middle Initial) Bankcard Mailing Address 5701 Lindero Canyon Rd., Bldg. 3 City Thousand Oaks State CA Zip Code 91362- Purpose of Disbursement Service Fees 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) ▼	Transaction ID: 80410.E2024 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 129.86
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SERVICE FEES
	Category/Type

B. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement Event Catering 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) ▼	Transaction ID: 80328.E1970 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1322.28
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	EVENT CATERING
	Category/Type

C. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement Event Catering 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) ▼	Transaction ID: 80328.E1983 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1553.43
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	EVENT CATERING
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3005.57
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Strategy Group</p> <p>Mailing Address 2814 Spring Rd SE Ste 103</p> <p>City Atlanta State GA Zip Code 30339-3047</p> <p>Purpose of Disbursement Bookkeeping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80117.E1931</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="845.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BOOKKEEPING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Strategy Group</p> <p>Mailing Address 2814 Spring Rd SE Ste 103</p> <p>City Atlanta State GA Zip Code 30339-3047</p> <p>Purpose of Disbursement Bookkeeping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80124.E1946</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="845.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BOOKKEEPING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Strategy Group</p> <p>Mailing Address 2814 Spring Rd SE Ste 103</p> <p>City Atlanta State GA Zip Code 30339-3047</p> <p>Purpose of Disbursement Bookkeeping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1971</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="845.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BOOKKEEPING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2535.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) DeKalb Chamber of Commerce Mailing Address 164 E Lincoln Hwy City Dekalb State IL Zip Code 60115-3277 Purpose of Disbursement Membership Dues 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) ▼	Transaction ID: 80117.E1933 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEMBERSHIP DUES
B.	Full Name (Last, First, Middle Initial) DeKalb Chamber of Commerce Mailing Address 164 E Lincoln Hwy City Dekalb State IL Zip Code 60115-3277 Purpose of Disbursement Event Ticket 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) ▼	Transaction ID: 80117.E1940 Date of Disbursement 01 / 11 / 2008 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT TICKET
C.	Full Name (Last, First, Middle Initial) Digital X Press Mailing Address PO Box 545 City Denville State NJ Zip Code 07834-0545 Purpose of Disbursement Printing 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) ▼	Transaction ID: 80328.E1969 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 794.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	1319.45
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 100 Galleria Parkway</p> <p>City Atlanta State GA Zip Code 30339-</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80117.E1935</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.69"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 100 Galleria Parkway</p> <p>City Atlanta State GA Zip Code 30339-</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1967</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="151.53"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 100 Galleria Parkway</p> <p>City Atlanta State GA Zip Code 30339-</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1990</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.72"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>343.94</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Fulton County GOP	Transaction ID: 80129.E1957 Date of Disbursement 01 / 28 / 2008
	Mailing Address 130 W. Wieuca Road, Suite 101	Amount of Each Disbursement this Period 150.00
	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 Event Ticket	Category/Type
	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) ▼
		EVENT TICKET

B.	Full Name (Last, First, Middle Initial) The Georgian Club	Transaction ID: 80328.E1959 Date of Disbursement 02 / 04 / 2008
	Mailing Address P.O. Box 680788	Amount of Each Disbursement this Period 762.80
	City Marietta State GA Zip Code 30068-0014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense	Category/Type
	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) ▼
		MEETING EXPENSE

C.	Full Name (Last, First, Middle Initial) The Georgian Club	Transaction ID: 80328.E2005 Date of Disbursement 03 / 14 / 2008
	Mailing Address P.O. Box 680788	Amount of Each Disbursement this Period 129.00
	City Marietta State GA Zip Code 30068-0014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meeting Expense	Category/Type
	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) ▼
		MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	1041.80
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) Carole Goeas and Associates <hr/> Mailing Address 1707 Prince St Apt 5 <hr/> City Alexandria State VA Zip Code 22314-2804 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type <hr/> 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:	Transaction ID: 80124.E1950 Date of Disbursement 01 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1966.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING
B.	Full Name (Last, First, Middle Initial) Will Gurley Realty <hr/> Mailing Address 3901 Roswell Road, Ste. 132 <hr/> City Marietta State GA Zip Code 30062- <hr/> Purpose of Disbursement Rent Candidate Name Category/Type <hr/> 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:	Transaction ID: 80117.E1934 Date of Disbursement 01 / 04 / 2008 <hr/> 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 RENT
C.	Full Name (Last, First, Middle Initial) Will Gurley Realty <hr/> Mailing Address 3901 Roswell Road, Ste. 132 <hr/> City Marietta State GA Zip Code 30062- <hr/> Purpose of Disbursement Rent Candidate Name Category/Type <hr/> 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:	Transaction ID: 80328.E1968 Date of Disbursement 02 / 04 / 2008 <hr/> 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 RENT

SUBTOTAL of Disbursements This Page (optional) ▶	3966.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A. Full Name (Last, First, Middle Initial) Will Gurley Realty</p> <p>Mailing Address 3901 Roswell Road, Ste. 132</p> <p>City Marietta State GA Zip Code 30062-</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1986 Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>
<p>B. Full Name (Last, First, Middle Initial) Richie Johnson</p> <p>Mailing Address 12321 Madison Dr</p> <p>City Atlanta State GA Zip Code 30346-2473</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80104.E1926 Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 487.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p>C. Full Name (Last, First, Middle Initial) Klenske & Associates</p> <p>Mailing Address 2814 Spring Road Suite 103</p> <p>City Atlanta State GA Zip Code 30339-</p> <p>Purpose of Disbursement Fundraising Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1989 Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 7477.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING CONSULTING</p>

SUBTOTAL of Disbursements This Page (optional)	8965.59
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Professional Data Services, Inc.</p> <p>Mailing Address 337 S. Milledge Avenue, Ste. 101</p> <p>City Athens State GA Zip Code 30605-</p> <p>Purpose of Disbursement Compliance Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80117.E1932</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPLIANCE CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Professional Data Services, Inc.</p> <p>Mailing Address 337 S. Milledge Avenue, Ste. 101</p> <p>City Athens State GA Zip Code 30605-</p> <p>Purpose of Disbursement Compliance Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80124.E1945</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1508.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPLIANCE CONSULTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Professional Data Services, Inc.</p> <p>Mailing Address 337 S. Milledge Avenue, Ste. 101</p> <p>City Athens State GA Zip Code 30605-</p> <p>Purpose of Disbursement Compliance Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1508.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>COMPLIANCE CONSULTING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4516.40</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Petty Cash

Transaction ID: 80328.E1976
Date of Disbursement

Mailing Address PO Box 425

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

City Roswell State GA Zip Code 30077-0425

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Petty Cash

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PETTY CASH

State: District:

B.

Full Name (Last, First, Middle Initial)
Petty Cash

Transaction ID: 80129.E1956
Date of Disbursement

Mailing Address PO Box 425

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

City Roswell State GA Zip Code 30077-0425

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Petty Cash

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PETTY CASH

State: District:

C.

Full Name (Last, First, Middle Initial)
Petty Cash

Transaction ID: 80328.E1985
Date of Disbursement

Mailing Address PO Box 425

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

City Roswell State GA Zip Code 30077-0425

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Petty Cash

--

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PETTY CASH

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Petty Cash

Transaction ID: 80402.E2020
Date of Disbursement

Mailing Address PO Box 425

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City Roswell State GA Zip Code 30077-0425

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Petty Cash

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) ▼

PETTY CASH

State: District:

B.

Full Name (Last, First, Middle Initial)
Public Opinion Strategies

Transaction ID: 80328.E1966
Date of Disbursement

Mailing Address 277 South Washington Street Suite 320

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	8

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

14500.00

Purpose of Disbursement
Polling

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) ▼

POLLING

State: District:

C.

Full Name (Last, First, Middle Initial)
Save On Conferences

Transaction ID: 80328.E1988
Date of Disbursement

Mailing Address P.O. Box 404351

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	0	8

City Atlanta State GA Zip Code 30384-

Amount of Each Disbursement this Period

15.11

Purpose of Disbursement
Conference Calls

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) ▼

CONFERENCE CALLS

State: District:

SUBTOTAL of Disbursements This Page (optional)

14765.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SCM & Associates</p> <p>Mailing Address P.O. Box 720</p> <p>City Jaffrey State NH Zip Code 03452-</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80117.E1930</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8326.85"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SCM & Associates</p> <p>Mailing Address P.O. Box 720</p> <p>City Jaffrey State NH Zip Code 03452-</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80124.E1951</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="944.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SCM & Associates</p> <p>Mailing Address P.O. Box 720</p> <p>City Jaffrey State NH Zip Code 03452-</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E1961</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4115.58"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="13386.65"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

A.	Full Name (Last, First, Middle Initial) SCM & Associates	Transaction ID: 80328.E1982 Date of Disbursement 02 / 19 / 2008
	Mailing Address P.O. Box 720	Amount of Each Disbursement this Period 13.26
	City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Mail Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MAIL

B.	Full Name (Last, First, Middle Initial) Southern Office Machines, Inc.	Transaction ID: 80124.E1948 Date of Disbursement 01 / 18 / 2008
	Mailing Address 1555 Williams Drive, Ste. 110	Amount of Each Disbursement this Period 150.00
	City Marietta State GA Zip Code 30066-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE EQUIPMENT

C.	Full Name (Last, First, Middle Initial) Southern Office Machines, Inc.	Transaction ID: 80328.E1981 Date of Disbursement 02 / 18 / 2008
	Mailing Address 1555 Williams Drive, Ste. 110	Amount of Each Disbursement this Period 150.00
	City Marietta State GA Zip Code 30066-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)	313.26
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Price for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 1100 Johnson Ferry Road</p> <p>City Marietta State GA Zip Code 30068-</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80402.E2018</p> <p>Date of Disbursement 03 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-</p> <p>Purpose of Disbursement Broadband Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80117.E1937</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 166.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BROADBAND CARD</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 660108</p> <p>City Dallas State TX Zip Code 75266-</p> <p>Purpose of Disbursement Broadband Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80328.E2002</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 80.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BROADBAND CARD</p>

SUBTOTAL of Disbursements This Page (optional)	447.64
TOTAL This Period (last page this line number only)	80399.19

**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 checked="" 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)
Price for Congress

A.

Full Name (Last, First, Middle Initial)
Natl Republican Congressional Committee

Mailing Address 320 1st Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Transfer of Excess Campaign Funds

Candidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80124.E1949

Date of Disbursement

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

Amount of Each Disbursement this Period

41500.00

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

SUBTOTAL of Disbursements This Page (optional)

41500.00

TOTAL This Period (last page this line number only)

41500.00

**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 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)
Price for Congress

A. Full Name (Last, First, Middle Initial) Cobb County GOP <hr/> Mailing Address P.O. Box 70545 <hr/> City Marietta State GA Zip Code 30007- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80328.E1965 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Cobb County GOP <hr/> Mailing Address P.O. Box 70545 <hr/> City Marietta State GA Zip Code 30007- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80328.E2001 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

275.00

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

275.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 97
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Price for Congress

Transaction ID: LS072220042C3061

LOAN SOURCE Full Name (Last, First, Middle Initial) Tom Price, MD - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address PO Box 425	
City Roswell State GA ZIP Code 30077-0425	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	197068.69	52931.31

TERMS

Date Incurred MM DD YY YY 09 30 2003	Date Due 20081231	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	52931.31
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

PAGE 97 / 97

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Price for Congress

Transaction ID: LS41014.C3881

LOAN SOURCE Full Name (Last, First, Middle Initial) Tom Price, MD - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Run-Off
Mailing Address PO Box 425	
City Roswell State GA ZIP Code 30077-0425	

Original Amount of Loan <div style="border: 1px solid black; text-align: center; padding: 2px;">249000.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; text-align: center; padding: 2px;">45800.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; text-align: center; padding: 2px;">203200.00</div>
--	--	--

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="07"/> <input type="text" value="28"/> <input type="text" value="2004"/>	<input type="text" value="20081231"/>	<input type="text" value=".0000"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px;">203200.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px;">256131.31</div>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.