

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

WHITFIELD FOR CONGRESS COMMITTEE

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)).....	93694.00	560525.51
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	93694.00	560525.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	66748.82	289849.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	12695.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66748.82	277153.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101555.19	
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).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
WHITFIELD FOR CONGRESS COMMITTEE

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).....

18400.00

171401.00

(ii) Unitemized.....

500.00

10232.51

(iii) TOTAL of contributions

18900.00

181633.51

from individuals..... ▶

294.00

392.00

(b) Political Party Committees.....

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

74500.00

378500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

93694.00

560525.51

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

6000.00

6000.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

12695.98

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

9584.39

45452.05

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

109278.39

624673.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66748.82	289849.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	25000.00	25000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	91748.82	314849.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	998025.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	109278.39
25. SUBTOTAL (add Line 23 and Line 24).....	1107304.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91748.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1015555.19

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 5 / 76
	<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr David Cooper Blee	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 788 Cynthiana Road	Transaction ID: SA11AI.22466
	City State Zip Code Paris KY 40361	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Forrestal Group	Occupation Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Mr. James E. Boland	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 4115 Leland St.	Transaction ID: SA11AI.22419
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Sundquist Anthony	Occupation Principal	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Sthephen B. Burke	Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address 251 Cheswold Ave.	Transaction ID: SA11AI.22273
	City State Zip Code Haverford PA 19041-3173	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Comcast Corp.	Occupation Executive	
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)	3300.00
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 6 / 76
	<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr Richard J. Corman	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 1409 Jessamine Station Pike	Transaction ID: SA11AI.22511
	City State Zip Code Nicholasville KY 40356	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation R J Corman R.R. Group Railroad Services Company Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Mr Richard J. Corman	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 1409 Jessamine Station Pike	Transaction ID: SA11AI.22512
	City State Zip Code Nicholasville KY 40356	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation R J Corman R.R. Group Railroad Services Company Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) Dr. Tracy Glenn Cross	Date of Receipt MM / DD / YYYY 01 / 03 / 2008
	Mailing Address 250 Burkesville Road	Transaction ID: SA11AI.22182
	City State Zip Code Albany KY 42602	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N / A Slf Emp Physician	
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)	4850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 76
	<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mrs. Carmon Fugate		Date of Receipt
	Mailing Address P. O. Box 431		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Madisonville	KY	42431-0341
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.22208
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer N/A		Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 750.00		

B.	Full Name (Last, First, Middle Initial) Charles L. Grizzle		Date of Receipt
	Mailing Address 302 Chesapeake Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.22371
		Amount of Each Receipt this Period	<input type="text"/> 1500.00
Name of Employer The Grizzle Co.		Occupation Government Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2500.00		

C.	Full Name (Last, First, Middle Initial) Mr. Rodney C. Hoppe		Date of Receipt
	Mailing Address 6208 North Willow Pond		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Fredericksburg	VA	22407
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.22433
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer Ryan,Phillips,Utrecht,Mac-Kinno		Occupation Non Lawyer Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1000.00		

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 8 / 76

(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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
James R. Kevil

Mailing Address 617 Cadiz St.

City State Zip Code
Princeton KY 42445-2275

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11AI.22469

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
John A. Logan, III, MD

Mailing Address P.O. Box 48

City State Zip Code
Henderson KY 42420

FEC ID number of contributing federal political committee. C

Name of Employer Methodist Hospital Occupation Medical Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1099.38

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

Transaction ID: SA11AI.22470

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Dr. John McCarthy

Mailing Address 413 Jarvis Ln

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Slf Emp Optomtrist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

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

Transaction ID: SA11AI.22465

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

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 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Anthony Reck

Mailing Address 1500 Kentucky Avenue

City Paducah State KY Zip Code 42003

FEC ID number of contributing federal political committee. C

Name of Employer P&L Railroad Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.22471

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dale Seay

Mailing Address 629 Pleasant Grove Road

City Crofton State KY Zip Code 42217-8104

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Slf Emp Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
01 / 17 / 2008

Transaction ID: SA11AI.22212

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John D. Shanz

Mailing Address 739 Parkes Run Ln

City Villanova State PA Zip Code 19085-1122

FEC ID number of contributing federal political committee. C

Name of Employer Comcast Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
01 / 31 / 2008

Transaction ID: SA11AI.22275

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Kenneth A. Wheeler

Mailing Address 1279 Hedge Lane

City Paducah State KY Zip Code 42001

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

Name of Employer N/A Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.22476

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Wiley Rein LLP : Law FirmPartnership

Mailing Address 1776 K Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
03 / 19 / 2008

Transaction ID: SA11AI.22406

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	18400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 196.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2008

Transaction ID: SA11B.22548

Amount of Each Receipt this Period
98.00

In-kind - Blas Fax KY-01
3/12/08
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 294.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2008

Transaction ID: SA11B.22550

Amount of Each Receipt this Period
98.00

In-kind - Blast Fax Whitfield KY-01
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 392.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2008

Transaction ID: SA11B.22552

Amount of Each Receipt this Period
98.00

In-kind - Blast Fax Whitfield 03/25/08
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **294.00**

TOTAL This Period (last page this line number only) ▶ **294.00**

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
American Assoc. of Nurse Anesthetists PAC

Mailing Address 412 First Street, SE
Suite 12

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: SA11C.22453

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
American Assoc. of Nurse Anesthetists PAC

Mailing Address 412 First Street, SE
Suite 12

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

Transaction ID: SA11C.22454

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN Electric Power PAC

Mailing Address 1 RIVERSIDE PLAZA/PO BOX 16631

City State Zip Code
COLUMBUS OH 43216

FEC ID number of contributing federal political committee. **C** C00096842

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 / 3 1 / 2 0 0 8

Transaction ID: SA11C.22464

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

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 Y
 03 / 20 / 2008

Transaction ID: SA11C.22408

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 MORRIS DRIVE SUITE 100

City State Zip Code
CHESTERBROOK PA 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: SA11C.22455

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
ARCH COAL INC POLITICAL ACTION COMMITTEE (ARCHPAC)

Mailing Address CITY PLACE ONE SUITE 300

City State Zip Code
ST LOUIS MO 63141

FEC ID number of contributing federal political committee. **C** C00167668

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
 03 / 28 / 2008

Transaction ID: SA11C.22456

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

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

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

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: MM / DD / YYYY
01 / 18 / 2008

Transaction ID: SA11C.22219

Amount of Each Receipt this Period: 2500.00

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

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

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

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: MM / DD / YYYY
03 / 06 / 2008

Transaction ID: SA11C.22372

Amount of Each Receipt this Period: 2500.00

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

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

Mailing Address P.O.Box 5270

City Carol Stream State IL Zip Code 60197-5270

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11C.22458

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (BASF EMPAC)

Mailing Address 3000 CONTINENTAL DRIVE NORTH

City State Zip Code
MOUNT OLIVE NJ 07828

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: SA11C.22423

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
CSX Good Government Fund PAC

Mailing Address P. O. Box C-32222

City State Zip Code
Richmond VA 23261

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: SA11C.22459

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 1250 Eye Street, NW
Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00030734

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 / 06 / 2008

Transaction ID: SA11C.22373

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

**SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

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

Mailing Address 422 South Church , Street
PBO5D

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

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 2 / 1 4 / 2 0 0 8

Transaction ID: SA11C.22282

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave. NW
Suite 800 West

City State Zip Code
Washington DC 20001

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 ▼ 1000.00

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

Transaction ID: SA11C.22270

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 4 / 2 0 0 8

Transaction ID: SA11C.22395

Amount of Each Receipt this Period
1500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

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

Mailing Address 1776 EYE STREET NW
Suite 890

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

Transaction ID: SA11C.22435

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Independent Ins.Agents of America PAC

Mailing Address 412 First Street, SE
Suite 300

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

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
02 / 14 / 2008

Transaction ID: SA11C.22311

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 655 15th Street NW Suite 445

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

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
02 / 07 / 2008

Transaction ID: SA11C.22292

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)
Mailing Address 655 15th Street NW Suite 445

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

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
 03 / 31 / 2008

Transaction ID: SA11C.22474

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
KPMG Partners/Principals&EmployeesPAC
Mailing Address P.O. Box 18254

City State Zip Code
Washington DC 20036-9998

FEC ID number of contributing federal political committee. **C** C00280222

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
 03 / 28 / 2008

Transaction ID: SA11C.22460

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
LEADERSHIP PAC 2004
Mailing Address 675 N. Washington Street Suite 410

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00314641

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2008

Transaction ID: SA11C.22389

Amount of Each Receipt this Period
 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
LorillardTobaccoCo.PublicAffairsCmtte.PAC

Mailing Address 714 Green Valley Rd

City Greensboro State NC Zip Code 27404-0529

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2008

Transaction ID: SA11C.22420

Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
MASTERCARD INTERNATIONAL INC. EMPLOYEES' PAC

Mailing Address 2000 Purchase St.

City Purchase State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 28 / 2008

Transaction ID: SA11C.22443

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
MEDCO HEALTH SOLUTIONS INC POLITICAL ACTION COMMITTEE (AKA: MEDCO HEALTH PAC)

Mailing Address 591 Redwood Hwy. #4000
MAIL STOP E3-13

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 14 / 2008

Transaction ID: SA11C.22397

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 76
	<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)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
PAUL, HASTINGS, JANOFSKY

Mailing Address 515 S. Flower St. 25th Floor

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00144584

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: SA11C.22409
Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Pepsico Concerned Citizens Fund PAC

Mailing Address 700 Anderson Hill Road

City Purchase State NY Zip Code 10576

FEC ID number of contributing federal political committee. **C** C00039321

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: SA11C.22475
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1900 K Street, NW Suite 900

City Washington State DC Zip Code 20006

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 ▼ 2000.00

Date of Receipt: 03 / 13 / 2008
Transaction ID: SA11C.22385
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

**SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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Detailed Summary Page

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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
PROFESSIONALS POLITICAL ACTION COMMITTEE HDR INC.
Mailing Address 8404 Indian Hills Drive
City Omaha State NE Zip Code 66114
FEC ID number of contributing federal political committee. **C** C00103903
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: SA11C.22439
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
RON LEWIS FOR CONGRESS
Mailing Address PO Box 307
City Elizabethtown State KY Zip Code 42702
FEC ID number of contributing federal political committee. **C** C00304527
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 10 / 2008
Transaction ID: SA11C.22392
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SHAW GROUP INC/STONE & WEBSTER INC. POLITICAL ACTION COMMITTEE
Mailing Address 1717 Pennsylvania Ave NW Suite 900
City Washington DC State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00104885
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: SA11C.22468
Amount of Each Receipt this Period 5000.00
 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)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Southern Company-Southern Nuclear PAC
Mailing Address P.O. Box 1295
City Birmingham State AL Zip Code 35201
FEC ID number of contributing federal political committee. **C** C00250407
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 02 / 16 / 2008
Transaction ID: SA11C.22316
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE
Mailing Address 900 7th Street Suite 700
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00089342
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 27 / 2008
Transaction ID: SA11C.22436
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TECO ENERGY INC EMPLOYEES' PAC
Mailing Address 702 N FRANKLIN STREET
City TAMPA State FL Zip Code 33602
FEC ID number of contributing federal political committee. **C** C00161422
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 03 / 27 / 2008
Transaction ID: SA11C.22438
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

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

Mailing Address 800 Connecticut Ave. NW
Suite 1200

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
03 / 20 / 2008

Transaction ID: SA11C.22411

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
UnionPacificCorp.EffectiveGovtFundPAC

Mailing Address 600 Thirteenth Street, NW
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.22441

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
UnionPacificCorp.EffectiveGovtFundPAC

Mailing Address 600 Thirteenth Street, NW
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

Transaction ID: SA11C.22442

Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 24 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 55 Glenlake Parkway NE

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 ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2008

Transaction ID: SA11C.22421

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
United States Telecom Assoc. PAC

Mailing Address 1401 H Street NW Suite 600

City Washington State DC Zip Code 20005-2136

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2008

Transaction ID: SA11C.22412

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City HOUSTON State TX Zip Code 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt MM / DD / YYYY
03 / 25 / 2008

Transaction ID: SA11C.22462

Amount of Each Receipt this Period 4000.00

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 25 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Verizon Communications GoodGovt ClubPAC

Mailing Address 1717 ARCH STREET
47th Fl. S

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 8

Transaction ID: SA11C.22315

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Viacom International

Mailing Address 1501 M Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: SA11C.22427

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
WALT DISNEY PRODUCTIONS EMPLOYEES PAC (DISNEY EMPLOYEES POLITICAL ACTION COMMITTEE)

Mailing Address 1150 17TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

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 3 / 2 0 / 2 0 0 8

Transaction ID: SA11C.22413

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)

Mailing Address Sixth and Marquette
SIXTH AND MARQUETTE

City Minneapolis State MN Zip Code 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: MM / DD / YYYY
02 / 04 / 2008

Transaction ID: SA11C.22283

Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Wine/SpiritsWholesalers/America, Inc PAC

Mailing Address 805 Fifteenth Street, NW
Suite 430

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: MM / DD / YYYY
01 / 17 / 2008

Transaction ID: SA11C.22218

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Wine/SpiritsWholesalers/America, Inc PAC

Mailing Address 805 Fifteenth Street, NW
Suite 430

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: MM / DD / YYYY
03 / 06 / 2008

Transaction ID: SA11C.22374

Amount of Each Receipt this Period: 1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Wine/SpiritsWholesalers/America, Inc PAC

Mailing Address 805 Fifteenth Street, NW
Suite 430

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C C00147173

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

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

Transaction ID: SA11C.22428

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	74500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" 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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VAIL CONFERENCE

Mailing Address 1530 O STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00438267

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
03 / 13 / 2008

Transaction ID: SA12.22479

Amount of Each Receipt this Period 6000.00

transfere joint fundraiser

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

B.

Full Name (Last, First, Middle Initial)
US ONCOLOGY INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 Northchase Drive
Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

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: SA12.22479.0

Amount of Each Receipt this Period 6000.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Gerald S. Perry

Mailing Address 4987 Ridgeview Circle

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
The Dutko Group CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA12.22479.1

Amount of Each Receipt this Period 3000.00

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

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Viacom International

Mailing Address 1501 M Street, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
02 / 07 / 2008

Transaction ID: SA12.22479.2

Amount of Each Receipt this Period 5000.00

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

B. Full Name (Last, First, Middle Initial)
Viacom International

Mailing Address 1501 M Street, NW
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA12.22479.3

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

Mailing Address 1201 Maryland Ave S. W. Suite 900
SUITE 400

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2008

Transaction ID: SA12.22479.4

Amount of Each Receipt this Period 3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 6000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5048.10

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

Transaction ID: SA15.22224

Amount of Each Receipt this Period
140.14

IntTransfereBB&T CD# 5217

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

B.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5188.24

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

Transaction ID: SA15.22225

Amount of Each Receipt this Period
140.14

IntTransfereBB&T CD# 5225

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

C.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5206.82

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

Transaction ID: SA15.22277

Amount of Each Receipt this Period
18.58

Interest received

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

SUBTOTAL of Receipts This Page (optional) ► **298.86**

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

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

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

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) BB&T
Mailing Address 1002 S. Virginia Street
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5333.87
Date of Receipt 02 / 21 / 2008
Transaction ID: SA15.22323
Amount of Each Receipt this Period 127.05
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) BB&T
Mailing Address 1002 S. Virginia Street
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5460.92
Date of Receipt 02 / 21 / 2008
Transaction ID: SA15.22324
Amount of Each Receipt this Period 127.05
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) BB&T
Mailing Address 1002 S. Virginia Street
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5471.65
Date of Receipt 02 / 29 / 2008
Transaction ID: SA15.22350
Amount of Each Receipt this Period 10.73
Interest received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 264.83
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5590.50

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2008

Transaction ID: SA15.22430

Amount of Each Receipt this Period
118.85

Int. Trnsfr BB&T CD # 52-17
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5709.35

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2008

Transaction ID: SA15.22431

Amount of Each Receipt this Period
118.85

Int. Trnsfr BB&T CD # 5225
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
BB&T
Mailing Address 1002 S. Virginia Street

City State Zip Code
Hopkinsville KY 42240

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 5720.02

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

Transaction ID: SA15.22473

Amount of Each Receipt this Period
10.67

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

SUBTOTAL of Receipts This Page (optional) ► **248.37**

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 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Heritage Bank
Mailing Address 1700 Ft. Campbell Blvd
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 769.30
Date of Receipt 01 / 27 / 2008
Transaction ID: SA15.22229
Amount of Each Receipt this Period 390.53
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Heritage Bank
Mailing Address 1700 Ft. Campbell Blvd
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 1146.90
Date of Receipt 02 / 08 / 2008
Transaction ID: SA15.22312
Amount of Each Receipt this Period 377.60
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Heritage Bank
Mailing Address 1700 Ft. Campbell Blvd
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 1537.25
Date of Receipt 02 / 27 / 2008
Transaction ID: SA15.22327
Amount of Each Receipt this Period 390.35
Interest received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1158.48
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Heritage Bank
Mailing Address 1700 Ft. Campbell Blvd
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 1890.45
Date of Receipt 03 / 11 / 2008
Transaction ID: SA15.22380
Amount of Each Receipt this Period 353.20
Interest received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Heritage Bank
Mailing Address 1700 Ft. Campbell Blvd
City Hopkinsville State KY Zip Code 42240
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 2255.57
Date of Receipt 03 / 27 / 2008
Transaction ID: SA15.22424
Amount of Each Receipt this Period 365.12
Interest received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Planters Bank
Mailing Address P.O.Box 1570
City Hopkinsville State KY Zip Code 42241-1570
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 14938.75
Date of Receipt 01 / 08 / 2008
Transaction ID: SA15.22180
Amount of Each Receipt this Period 428.90
Interest received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1147.22
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 76
(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)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 15367.65

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

Transaction ID: SA15.22185

Amount of Each Receipt this Period
428.90

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

B. Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 15656.42

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 8

Transaction ID: SA15.22231

Amount of Each Receipt this Period
288.77

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

C. Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 16085.32

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

Transaction ID: SA15.22313

Amount of Each Receipt this Period
428.90

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

SUBTOTAL of Receipts This Page (optional) ► **1146.57**

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 36 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 16514.22

Date of Receipt
MM / DD / YYYY
02 / 10 / 2008

Transaction ID: SA15.22294

Amount of Each Receipt this Period
428.90

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

B.

Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 16802.99

Date of Receipt
MM / DD / YYYY
02 / 26 / 2008

Transaction ID: SA15.22326

Amount of Each Receipt this Period
288.77

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

C.

Full Name (Last, First, Middle Initial)
Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 17204.22

Date of Receipt
MM / DD / YYYY
03 / 09 / 2008

Transaction ID: SA15.22377

Amount of Each Receipt this Period
401.23

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

SUBTOTAL of Receipts This Page (optional) ► **1118.90**

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 / 76

(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 17605.45

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2008

Transaction ID: SA15.22378

Amount of Each Receipt this Period
401.23

Interest received

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

B.

Full Name (Last, First, Middle Initial)

Planters Bank

Mailing Address P.O.Box 1570

City State Zip Code
Hopkinsville KY 42241-1570

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 17875.59

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2008

Transaction ID: SA15.22422

Amount of Each Receipt this Period
270.14

Interest Received

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

C.

Full Name (Last, First, Middle Initial)

United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 16512.72

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2008

Transaction ID: SA15.22189

Amount of Each Receipt this Period
441.64

Interest received

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

SUBTOTAL of Receipts This Page (optional) ▶

1113.01

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 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 16937.38

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

Transaction ID: SA15.22222

Amount of Each Receipt this Period
424.66

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

B.

Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 17379.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: SA15.22230

Amount of Each Receipt this Period
441.64

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

C.

Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 17820.66

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

Transaction ID: SA15.22295

Amount of Each Receipt this Period
441.64

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

SUBTOTAL of Receipts This Page (optional) ► **1307.94**

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 / 76
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 18245.32

Date of Receipt
MM / DD / YYYY
02 / 19 / 2008

Transaction ID: SA15.22317

Amount of Each Receipt this Period
424.66

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

B. Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 18686.96

Date of Receipt
MM / DD / YYYY
02 / 24 / 2008

Transaction ID: SA15.22325

Amount of Each Receipt this Period
441.64

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

C. Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 18945.18

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: SA15.22379

Amount of Each Receipt this Period
258.22

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

SUBTOTAL of Receipts This Page (optional) ► **1124.52**

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 40 / 76
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 19342.44

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

Transaction ID: SA15.22405

Amount of Each Receipt this Period
397.26

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

B.

Full Name (Last, First, Middle Initial)
United Southern Bank

Mailing Address P. O. Box 951

City State Zip Code
Hopkinsville KY 42241-0951

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 19600.66

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2008

Transaction ID: SA15.22415

Amount of Each Receipt this Period
258.22

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

SUBTOTAL of Receipts This Page (optional)	655.48
TOTAL This Period (last page this line number only)	9584.18

**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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Heart Association <hr/> Mailing Address 333 Guthrie Street Suite 207 <hr/> City Louisville State KY Zip Code 40202 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> 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: SB17.22291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Red Cross, Paducah Area Chapter <hr/> Mailing Address 232 North 8th Street <hr/> City Paducah State KY Zip Code 42001 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22347 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	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
C.	Full Name (Last, First, Middle Initial) American Viewpoint <hr/> Mailing Address 300 North Lee Street Suite 400 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement KY-01 Congressional District Survey Candidate Name <hr/> 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: SB17.22142 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 11750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	12950.00
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)

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

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)
WHITFIELD FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Association of United States Army <hr/> Mailing Address P.O. Box 7 <hr/> City Ft. Campbell State KY Zip Code 42223 Purpose of Disbursement Annual 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: SB17.22289 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 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
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 1002 S. Virginia Street <hr/> City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement Accounts Svc Chrg Fee 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: SB17.22223 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 25.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BB&T <hr/> Mailing Address 1002 S. Virginia Street <hr/> City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement Accounts Svc Chrg 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: SB17.22321 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 22.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	197.79
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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address 1002 S. Virginia Street

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Accounts Srvc Chrg Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22429
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

20.10

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

B.

Full Name (Last, First, Middle Initial)
BB&T Bankcard Corporation

Mailing Address P.O. Box 580362

City Charlotte State NC Zip Code 28258-0362

Purpose of Disbursement
Credit Crd Pmnt

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22187
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

6279.88

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

C.

Full Name (Last, First, Middle Initial)
Lodge At Vail, The

Mailing Address 174 East Gore Creek Drive

City Vail State CO Zip Code 81657

Purpose of Disbursement
Deposit for Vail FR-1/5-6-7/07

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22187.1
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

1449.36

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

6299.98

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) USPS Hopkinsville Office Mailing Address 105 S Main Street City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement certified letter 11/29/07 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: SB17.22187.2 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 4.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS Hopkinsville Office Mailing Address 105 S Main Street City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement 40 First Class ChristmasStamps :11/30/07 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: SB17.22187.3 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 16.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) The Postal Store Mailing Address United States Postal Service City Interner State MO Zip Code 64144 Purpose of Disbursement 4000 Christmas Stamps 12/4/07 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: SB17.22187.5 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 1641.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Thoroughbred Charities of America

Mailing Address 200 Stoney Point Road

City Paris State KY Zip Code 40361

Purpose of Disbursement
Contribution 12/9/07

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22187.6
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

415.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Enstrom Candies

Mailing Address 200 South Seventh St.
P.O. Box 1088

City Grand Junction State CO Zip Code 81502

Purpose of Disbursement
Gifts:Staff,Volnters,Cnstituents12/14/07

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22187.7
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

1143.10

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
USPS Hopkinsville Office

Mailing Address 105 S Main Street

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
1000 First class Stamps12/13/07

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22187.8
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

410.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Rosa Mexicano DC Mailing Address 575 7th Street NW City Washington State DC Zip Code 20004 Purpose of Disbursement LastPmnt:Staff Christmas Party 12/14/07 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: SB17.22187.9 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 916.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS Hopkinsville Office Mailing Address 105 S Main Street City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement 300 1st. Class Stamps 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: SB17.22187.10 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 123.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Place 1 Liquors Mailing Address 2941 Ft. Campbell Blvd City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement Beverage for 12/21/07FR 12/18/07 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: SB17.22187.11 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 40.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) BB&T Bankcard Corporation <hr/> Mailing Address P.O. Box 580362 <hr/> City Charlotte State NC Zip Code 28258-0362 <hr/> Purpose of Disbursement Credit Card Pmnt Candidate Name <hr/> 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: SB17.22232 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 5098.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) United Airlines World Headquarters <hr/> Mailing Address 1200 East Algonquin <hr/> City Elk Grove Village State IL Zip Code 60007 <hr/> Purpose of Disbursement Air Fare 12/20/07 Candidate Name <hr/> 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: SB17.22232.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 995.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) United Airlines World Headquarters <hr/> Mailing Address 1200 East Algonquin <hr/> City Elk Grove Village State IL Zip Code 60007 <hr/> Purpose of Disbursement Air Fare 12/20/2008 Candidate Name <hr/> 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: SB17.22232.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 995.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	5098.93
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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Wal Mart Super Center

Mailing Address 300 Clinic Dr.

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
XmasGifts.Vols,Staff,Cntrbs,FRHosts,
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.22232.2
Date of Disbursement

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

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 190 Clinic Dr.

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Office Supplies Toner Cartridge
Candidate Name

001
Category/
Type

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

Transaction ID: SB17.22232.4
Date of Disbursement

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

Amount of Each Disbursement this Period

6	3	0	6	0	0
---	---	---	---	---	---

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines World Headquarters

Mailing Address 1200 East Algonquin

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
Upgrade Air Fare Tckt.1/7/09
Candidate Name

002
Category/
Type

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

Transaction ID: SB17.22232.9
Date of Disbursement

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

Amount of Each Disbursement this Period

2	0	0	0	0	0
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0	0	0	0	0	0
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TOTAL This Period (last page this line number only) ▶

0	0	0	0	0	0
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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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lodge At Vail, The	Transaction ID: SB17.22232.12 Date of Disbursement
	Mailing Address 174 East Gore Creek Drive	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Vail State CO Zip Code 81657	Amount of Each Disbursement this Period
	Purpose of Disbursement Final Bill Lodging Deposit of 11/20/07	<input type="text" value="126.43"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Parkway Self Storage	Transaction ID: SB17.22232.13 Date of Disbursement
	Mailing Address 101 Lacy Lane	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Hopkinsville State KY Zip Code 42240	Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Pmnt Storage Room.1/9/08	<input type="text" value="350.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Red Top Cab Co. of Arlington	Transaction ID: SB17.22232.15 Date of Disbursement
	Mailing Address 2650 Jefferson Davis Highway	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
	Purpose of Disbursement Cab-home-airport,Flite to VailFR1/4-08	<input type="text" value="88.26"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Red Top Cab Co. of Arlington

Mailing Address 2650 Jefferson Davis Highway

City State Zip Code
Arlington VA 22202

Purpose of Disbursement
Cab,airport/Home-Flite from VailFR1/9/08

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22232.16
Date of Disbursement

01 / 29 / 2008

Amount of Each Disbursement this Period

98.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BB&T Bankcard Corporation

Mailing Address P.O. Box 580362

City State Zip Code
Charlotte NC 28258-0362

Purpose of Disbursement
Credit Card Payment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22328
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

2386.28

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

C.

Full Name (Last, First, Middle Initial)
Network Solutions LLC

Mailing Address 13861 Sunrise Valley Drive
Dept. CCD

City State Zip Code
Herndon VA 20171

Purpose of Disbursement
Webb Site Development Expenses 1/28/08

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22328.0
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

817.81

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2386.28

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) FedEx Corporation Mailing Address 101 Constitution Avenue N.W. Suite 801 E City Washington State DC Zip Code 20510 Purpose of Disbursement FedEx Shpmnt 2/1/08 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: SB17.22328.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 24.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS Hopkinsville Office Mailing Address 105 S Main Street City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement Postage 2 1st Class ltrs 2/14/08 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: SB17.22328.4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 0.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 N. Capitol Street NW #175 City Washington State DC Zip Code 20001 Purpose of Disbursement Cater DC FR Event NRECA 11/6/07 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: SB17.22328.5 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period 1464.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) BB&T Bankcard Corporation <hr/> Mailing Address P.O. Box 580362 <hr/> City Charlotte State NC Zip Code 28258-0362 <hr/> Purpose of Disbursement Credit Card Payment Candidate Name <hr/> 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: SB17.22432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 138.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. <hr/> Mailing Address 1200 Trinity Dr. <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Jan. 2008 Retainer Fee FR Cnsltnt Candidate Name <hr/> 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: SB17.22141 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. <hr/> Mailing Address 1200 Trinity Dr. <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Reimb FR Exp Candidate Name <hr/> 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: SB17.22158 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 88.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2727.59
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)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) FedEx Corporation	Transaction ID: SB17.22158.0 Date of Disbursement 01 / 04 / 2008
	Mailing Address 101 Constitution Avenue N.W. Suite 801 E	Amount of Each Disbursement this Period 88.79
	City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement 4 FedEx Shp & postage 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) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) Bogart Associates Inc.	Transaction ID: SB17.22170 Date of Disbursement 01 / 04 / 2008
	Mailing Address 1200 Trinity Dr.	Amount of Each Disbursement this Period 125.81
	City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement REimb Exp FR Exp 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) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) FedEx Corporation	Transaction ID: SB17.22170.0 Date of Disbursement 01 / 07 / 2008
	Mailing Address 101 Constitution Avenue N.W. Suite 801 E	Amount of Each Disbursement this Period 125.81
	City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Ovr-nite Ltrs 11/17/07-12/21/07 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) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	125.81
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)
WHITFIELD FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Bogart Associates Inc.</p> <p>Mailing Address 1200 Trinity Dr.</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Reimb Exp. 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: SB17.22172 Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1785.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Greenbrier, The</p> <p>Mailing Address 300 West Main</p> <p>City WhiteSulphurSpring State WV Zip Code 24986</p> <p>Purpose of Disbursement Final bill for Greenbrier FR 2007 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: SB17.22172.0 Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1785.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Bogart Associates Inc.</p> <p>Mailing Address 1200 Trinity Dr.</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Replace Check# 2926 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: SB17.22173 Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 750.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2535.34

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hilton Suites Lexington Green Mailing Address 245 Lexington Green Circle City Lexington State KY Zip Code 40503 Purpose of Disbursement FinalBill, lodgingKeenelandEvent10/6/07 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: SB17.22173.0 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 750.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement FR Cnsltnt Retainer Feb. 08 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: SB17.22265 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement Reimb FR Exp: FedEx Shp12/22/07-1/17/08 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: SB17.22301 Date of Disbursement 02 / 12 / 2008 Amount of Each Disbursement this Period 79.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2579.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement Mar 2008 FR Cnsltnt Fee 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: SB17.22351 Date of Disbursement 03 / 01 / 2008 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement FeeAdjstmnt&FedExShpmnt1/18/--2/14/08 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: SB17.22366 Date of Disbursement 03 / 06 / 2008 Amount of Each Disbursement this Period 298.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement April 08 retainer fee 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: SB17.22451 Date of Disbursement 03 / 28 / 2008 Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5548.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Cadiz Rotary Club Auction</p> <p>Mailing Address 44 Commerce Street</p> <p>City Cadiz State KY Zip Code 42211</p> <p>Purpose of Disbursement Contribution 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: SB17.22299 Date of Disbursement 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Cater 12/6/07 Event 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: SB17.22155 Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 639.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Annual Dues/GRLnchFood,Staf1/17-23-28/08 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: SB17.22310 Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 623.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1762.77

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)
WHITFIELD FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Lunch food:GR&DR2/7/08 & 2/26/08</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: SB17.22382</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 161.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Christian County Humane Society</p> <p>Mailing Address C/O Jill Deer 408 Donna Drive</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement Contribution</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: SB17.22400</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 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>C. Full Name (Last, First, Middle Initial) Christian County Red Cross</p> <p>Mailing Address 1411 South Main Street</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement Contribution</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: SB17.22401</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 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>

SUBTOTAL of Disbursements This Page (optional) ▶

2161.16

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Cinergy Communications Mailing Address P.O. Box 740094 City Cincinnati State OH Zip Code 45274-0094 Purpose of Disbursement Office Phone 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: SB17.22156 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8	Amount of Each Disbursement this Period 129.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cinergy Communications Mailing Address P.O. Box 740094 City Cincinnati State OH Zip Code 45274-0094 Purpose of Disbursement office Phone 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: SB17.22281 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 127.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cinergy Communications Mailing Address P.O. Box 740094 City Cincinnati State OH Zip Code 45274-0094 Purpose of Disbursement office phone 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: SB17.22361 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 129.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	386.90
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 76

<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Gary Morse, House of Flowers

Mailing Address P. O. Box 801

City Hopkinsville State KY Zip Code 42241-0801

Purpose of Disbursement
Flowers Constituent Funeral

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22174

Date of Disbursement

01 / 07 / 2008

Amount of Each Disbursement this Period

84.50

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

B.

Full Name (Last, First, Middle Initial)
Constance B. Harriman-Whitfield

Mailing Address 108 Alumni Ave.

City Hopkinsville State KY Zip Code 42240

Purpose of Disbursement
Reimb:Trav/FR Exp. Upgrade AirFare Tckt

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22227

Date of Disbursement

01 / 21 / 2008

Amount of Each Disbursement this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
United Airlines World Headquarters

Mailing Address 1200 East Algonquin

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement
AirFare: Upgrade Tckt - 1/7/08

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22227.0

Date of Disbursement

01 / 21 / 2008

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

284.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mrs. Stefanie Hasert Mailing Address 207 Fairfax Avenue City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement Website Development 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: SB17.22267 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 207.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Network Solutions LLC Mailing Address 13861 Sunrise Valley Drive Dept. CCD City Herndon State VA Zip Code 20171 Purpose of Disbursement Buy Web Sites for Development 1/28/08 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: SB17.22267.0 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 207.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hopkinsville Electric System Mailing Address 1820 East 9th Street P. O. Box 728 City Hopkinsville State KY Zip Code 42241-0728 Purpose of Disbursement utility bill 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: SB17.22211 Date of Disbursement 01 / 15 / 2008 Amount of Each Disbursement this Period 115.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	323.47
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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hopkinsville Electric System Mailing Address 1820 East 9th Street P. O. Box 728 City Hopkinsville State KY Zip Code 42241-0728 Purpose of Disbursement Office utilities 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: SB17.22308 Date of Disbursement <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>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>136.01</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	8	136.01
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	4		2	0	0	8														
136.01																							
B.	Full Name (Last, First, Middle Initial) Hopkinsville Electric System Mailing Address 1820 East 9th Street P. O. Box 728 City Hopkinsville State KY Zip Code 42241-0728 Purpose of Disbursement office utility bill 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: SB17.22384 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>134.87</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	8	134.87
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	8														
134.87																							
C.	Full Name (Last, First, Middle Initial) Hopkinsville F.O.P. # 12 Mailing Address P. O. Box 372 City Hopkinsville State KY Zip Code 42241-0372 Purpose of Disbursement Donation 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: SB17.22288 Date of Disbursement <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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	8	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	7		2	0	0	8														
100.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>370.88</td> </tr> </table>	370.88
370.88		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Hopkinsville F.O.P. # 12

Mailing Address P. O. Box 372

City Hopkinsville State KY Zip Code 42241-0372

Purpose of Disbursement
Contribution

Candidate Name

012
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.22319
Date of Disbursement

02 / 22 / 2008

Amount of Each Disbursement this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
johnboyproductions.com

Mailing Address 318 N 7th Street

City Murray State KY Zip Code 42071

Purpose of Disbursement
Website Development / Domain Names

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.22398
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

3620.00

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

C.

Full Name (Last, First, Middle Initial)
johnboyproductions.com

Mailing Address 318 N 7th Street

City Murray State KY Zip Code 42071

Purpose of Disbursement
WebHosting 2008-2009

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.22399
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4120.00

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Kentucky Moving & Storage Mailing Address 310 Hammond Drive City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement 6 Mo. Storage rent 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: SB17.22186 Date of Disbursement <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>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>240.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8	240.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	0		2	0	0	8														
240.00																							
B.	Full Name (Last, First, Middle Initial) Menus Catering Mailing Address 5458 3rd Street NE City Washington State DC Zip Code 20011 Purpose of Disbursement Cater 12/5/07 NCTA Event 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: SB17.22153 Date of Disbursement <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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>234.34</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	8	234.34
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	8														
234.34																							
C.	Full Name (Last, First, Middle Initial) National Association of Broadcasters Mailing Address 1771 N Street, NW City Washington State DC Zip Code 20036 Purpose of Disbursement FR Exp:Tckts3/20/08SessionNCAA/FREvent 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: SB17.22403 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1596.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	8	1596.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	8														
1596.00																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>2070.34</td> </tr> </table>	2070.34
2070.34		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <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)

PAGE 65 / 76

<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) National Association of Broadcasters Mailing Address 1771 N Street, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Additional Tckts for 3/20 NCAA FR Event 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: SB17.22463 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8 Amount of Each Disbursement this Period 304.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement In-kind -Blas Fax KY-01 3/12/08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22549 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement In-kind - Blast Fax Whitfield KY-01 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22551 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8 Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB17.22553

Date of Disbursement

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

Mailing Address 320 FIRST STREET

Amount of Each Disbursement this Period

98.00

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
In-kind - Blast Fax Whitfield 03/25/08

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
NewWave Communications

Transaction ID: SB17.22320

Date of Disbursement

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

Mailing Address P.O. Box 988

Amount of Each Disbursement this Period

39.99

City Sikeston State MO Zip Code 63801

Purpose of Disbursement
Internet Service

001
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) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NewWave Communications

Transaction ID: SB17.22381

Date of Disbursement

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

Mailing Address P.O. Box 988

Amount of Each Disbursement this Period

39.99

City Sikeston State MO Zip Code 63801

Purpose of Disbursement
Internet Service

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

177.98

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) REC Properties, LLC <hr/> Mailing Address 16 11 South Main St Croft Bldg Suite 1 <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> 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: SB17.22177 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) REC Properties, LLC <hr/> Mailing Address 16 11 South Main St Croft Bldg Suite 1 <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> 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: SB17.22285 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) REC Properties, LLC <hr/> Mailing Address 16 11 South Main St Croft Bldg Suite 1 <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Office rent Candidate Name <hr/> 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: SB17.22364 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Anita C. Rittenhouse <hr/> Mailing Address 206 Apache Drive <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22144 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8	Amount of Each Disbursement this Period 243.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Anita C. Rittenhouse <hr/> Mailing Address 206 Apache Drive <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22278 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 239.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Anita C. Rittenhouse <hr/> Mailing Address 206 Apache Drive <hr/> City Hopkinsville State KY Zip Code 42240 <hr/> Purpose of Disbursement Wages Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22358 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 232.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	716.55
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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mr. Roberto Rivas

Transaction ID: SB17.22176
Date of Disbursement

Mailing Address 112 Miranda Road

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

City State Zip Code
Cadiz KY 42211

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Clean Office
Candidate Name

001

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) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Roberto Rivas

Transaction ID: SB17.22280
Date of Disbursement

Mailing Address 112 Miranda Road

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

City State Zip Code
Cadiz KY 42211

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Clean Office
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) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Roberto Rivas

Transaction ID: SB17.22356
Date of Disbursement

Mailing Address 112 Miranda Road

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

City State Zip Code
Cadiz KY 42211

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Clean Office
Candidate Name

001

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) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

150.00

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Bernie Robinson Mailing Address 408 A Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Reimb. Expense: Robinson 12/6/08 Event 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: SB17.22159 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 386.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Whole Foods Mailing Address 2323 Wisconsin Ave., NW City Washington State DC Zip Code 20006 Purpose of Disbursement Food for 12/6/07 FR Event 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: SB17.22159.0 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 261.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Mr. Bernie Robinson Mailing Address 408 A Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Personally furnished drinks for 12/6/07FR 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: SB17.22159.1 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 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	386.52
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)
WHITFIELD FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southern Printing, Inc</p> <p>Mailing Address 100 Burley Ave</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement Print Christmas Cards 2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22284</p> <p>Date of Disbursement 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1871.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Todd County Standard</p> <p>Mailing Address P. O. Box 308</p> <p>City Elkton State KY Zip Code 42220</p> <p>Purpose of Disbursement Print Advertisement</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: SB17.22157</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>004 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS Hopkinsville Office</p> <p>Mailing Address 105 S Main Street</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement Annual PO Box Fee</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: SB17.22169</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1956.49

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) US Treasury	Transaction ID: SB17.22210 Date of Disbursement 01 / 14 / 2008
	Mailing Address Regional Financial Center P.O. Box 149195	Amount of Each Disbursement this Period 86.49
	City Austin	State TX
	Zip Code 78714-9195	
	Purpose of Disbursement employee withholding: Form 941	001 Category/ Type
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Vail Conference	Transaction ID: SB17.22502 Date of Disbursement 02 / 04 / 2008
	Mailing Address 217 Third Street , SE	Amount of Each Disbursement this Period 6000.00
	City Washington	State DC
	Zip Code 22314	
	Purpose of Disbursement Expenses Vail Conference	Category/ Type
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bank Card Service Center	Transaction ID: SB17.22502.0 Date of Disbursement 12 / 07 / 2007
	Mailing Address P.O. Box 94014	Amount of Each Disbursement this Period 5000.00
	City Palantine	State IL
	Zip Code 60094	
	Purpose of Disbursement	Category/ Type
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

6086.49

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)
WHITFIELD FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lodge At Vail, The Mailing Address 174 East Gore Creek Drive City Vail State CO Zip Code 81657 Purpose of Disbursement 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: SB17.22502.1 Date of Disbursement 03 / 07 / 2008 Amount of Each Disbursement this Period 1600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) LEADERSHIP PAC 2004 Mailing Address 675 N. Washington Street Suite 410 City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement 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: SB17.22502.3 Date of Disbursement 03 / 12 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Bogart Associates Inc. Mailing Address 1200 Trinity Dr. City Alexandria State VA Zip Code 22314 Purpose of Disbursement 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: SB17.22502.4 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 929.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
WHITFIELD FOR CONGRESS COMMITTEE

A.

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

Mailing Address P.O.Box 18000

City Greenville State SC Zip Code 29606-9000

Purpose of Disbursement

Cell Phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22279

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

70.98

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

B.

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

Mailing Address P.O.Box 18000

City Greenville State SC Zip Code 29606-9000

Purpose of Disbursement

Cell Phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22365

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

70.98

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

C.

Full Name (Last, First, Middle Initial)
Woodford Reserve Distillery, The

Mailing Address 7855 McCracken Pike

City Versailles State KY Zip Code 40383

Purpose of Disbursement
Cater and Host 10/06/2007 Event

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22143

Date of Disbursement

01 / 01 / 2008

Amount of Each Disbursement this Period

2361.35

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

SUBTOTAL of Disbursements This Page (optional) ▶

2503.31

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

65607.60

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 76

<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)
WHITFIELD FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB21.22307

Date of Disbursement

Mailing Address 320 FIRST STREET

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

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

25000.00

Purpose of Disbursement
Transfer Excess Funds /AnnualMarchDinner

010

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) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

Form/Schedule: SA11AI Wiley Rein LLP's March 2008 contribution should be allocated among the Firms Partners as follows.

Transaction ID: SA11AI.22400	Dominic BodenSteiner	\$200
	Evan Corcoran	\$200
	Jason Cronin	\$200
	Philip Davis	\$200
	Thomas Kirby	\$200
	David Culik	\$200
	Carol Laham	\$100
	Kevin Maynard	\$200