

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
RODNEY ALEXANDER FOR CONGRESS INC.

ADDRESS (number and street) PO Box 367
 Check if different than previously reported. (ACC)
Quitman LA 71268

2. **FEC IDENTIFICATION NUMBER** C00376749
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
LA 05

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

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

5. Covering Period 10 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer Electronically Filed by Christopher J. Ward Date 03 27 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

RODNEY ALEXANDER FOR CONGRESS INC.

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| | 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))..... | 152019.00 | 536233.43 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 300.00 | 10800.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 151719.00 | 525433.43 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 106870.90 | 493753.29 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 321.90 | 18125.08 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 106549.00 | 475628.21 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 65277.97 | |
| 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)..... | 17500.00 | |

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 02/2003)

Write or Type Committee Name
 RODNEY ALEXANDER FOR CONGRESS INC.

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

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).....

12250.00

192670.72

(ii) Unitemized.....

377.00

70324.84

(iii) TOTAL of contributions

12627.00

262995.56

from individuals..... ▶

392.00

588.00

(b) Political Party Committees.....

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

139000.00

272649.87

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

152019.00

536233.43

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

0.00

0.00

13. LOANS

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

0.00

15000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

15000.00

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

321.90

18125.08

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

6.64

8.13

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

152347.54

569366.64

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES..... | 106870.90 | 493753.29 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 15000.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 15000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 300.00 | 2800.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 8000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 300.00 | 10800.00 |
| 21. OTHER DISBURSEMENTS..... | 470.00 | 46550.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 107640.90 | 566103.29 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 20571.33 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 152347.54 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 172918.87 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 107640.90 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 65277.97 |

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|--|
| Name of Candidate | | Candidate ID Number | |
| Mr. RODNEY ALEXANDER | | H2LA05084 | |
| Name of Principal Campaign Committee | | Committee ID Number | |
| RODNEY ALEXANDER FOR CONGRESS INC. | | C C00376749 | |
| Committee Address | | | |
| PO Box 367 | | | |
| City | State | ZIP | |
| Quitman | LA | 71268 | |
| Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election | | | |
| | Primary | General | |
| 1. Gross receipts of authorized committees | 515066.64 | 18500.00 | |
| 2. Aggregate amount of contributions from personal funds of the candidate | 15000.00 | 0.00 | |
| 3. Gross receipts minus the candidate's personal contributions | 500066.64 | 18500.00 | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 David M. Barron

Mailing Address 1133 21st Street, NW
 Suite 900

City Washington State DC Zip Code 20036

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

Name of Employer BellSouth Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.16029

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
 Mr. Elton Beebe

Mailing Address P.O. Box 6015

City Ridgeland State MS Zip Code 39158

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

Name of Employer Magnolia Management Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.15958

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)
 Paul Cambon

Mailing Address 908 Croton Dr

City Alexandria State VA Zip Code 22608

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

Name of Employer Livingston Group Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.16013

Amount of Each Receipt this Period
 500.00

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

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1200.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 Martin Cancienne

Mailing Address **PO Box 36**

City **Belle Rose** State **LA** Zip Code **70341**

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

Name of Employer **The Livingston Group** Occupation **Consultant**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11A1.16030

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)
 Van D. Hipp, Jr

Mailing Address **809 N Quaker Ln**

City **Alexandria** State **VA** Zip Code **22302**

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

Name of Employer **American Defense Int.** Occupation **Chairman**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 08 / 2005

Transaction ID: SA11A1.15926

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)
 Hunton & Williams

Mailing Address **1900 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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11A1.16033

Amount of Each Receipt this Period
500.00

Partnership

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

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 Matthew Keelen

Mailing Address 607 Timber Ln

City Falls Church State VA Zip Code 22046

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

Name of Employer Valis Associates Occupation Managing Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: SA11A1.15925

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
 Greg Kubiak

Mailing Address 20 Logan Cr, NW #1-3

City Washington State DC Zip Code 20005

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

Name of Employer Southeastern Universities Occupation Dir, Relations & Comm.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.15973

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)
 R. Nelson Litterst

Mailing Address 1655 N Greenbrier St

City Arlington State VA Zip Code 22205

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

Name of Employer c2group Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.15953

Amount of Each Receipt this Period
 500.00

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

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. J. Allen Martin | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 | |
| Mailing Address 10095 Lawyers Rd | | Transaction ID: SA11A1.16031 | |
| City State Zip Code Vienna VA 22181 | 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 The Livingston Group | Occupation Government Relations | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. William K. McConnell | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5 | |
| Mailing Address PO Box 809 | | Transaction ID: SA11A1.15945 | |
| City State Zip Code Rayville LA 71269 | Amount of Each Receipt this Period 1000.00 | | |
| 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 M&T Management | Occupation Property Manager | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Arthur G. Randol, III | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 | |
| Mailing Address 1700 Pennsylvania Ave, NW Ste 950 | | Transaction ID: SA11A1.16054 | |
| City State Zip Code Washington DC 20006 | 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 Valis Associates | Occupation Government Relations | | |
| Receipt For: 2006 <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) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 Mr. Jan Schoonmaker

Mailing Address 147 E Street, SE

City State Zip Code
 Washington DC 20003

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

Name of Employer Occupation
 Van Scoyoc Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.16012

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)
 Edmund Sim

Mailing Address 700 13th St, NW

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 White & Chase LLP Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

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

Transaction ID: SA11A1.15975

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)
 Marjorie Strayer

Mailing Address 45 Carriage House Circle Rd

City State Zip Code
 Alexandria VA 22304

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

Name of Employer Occupation
 The Livingston Group Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11A1.15970

Amount of Each Receipt this Period
 500.00

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

| | |
|------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 Mark Valente, III

Mailing Address **600 Fourteenth St, NW 5th Fl**

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer **Valente & Associates** Occupation **Government Relations**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 03 / 2005

Transaction ID: SA11A1.15883

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
 Wayne H. Valis

Mailing Address **1700 Pennsylvania Ave, NW Ste 950**

City **Washington** State **DC** Zip Code **20006**

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

Name of Employer **Valis Associates** Occupation **President**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 12 / 2005

Transaction ID: SA11A1.15904

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)
 Richard C. White

Mailing Address **5035 Macomb St NW**

City **Washington** State **DC** Zip Code **20016**

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

Name of Employer **Alpine Group** Occupation **Government Relations**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: SA11A1.15999

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 75
(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 |

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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mark A. Zelden

Mailing Address 1519 Joseph St

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| New Orleans | LA | 70115 |

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

| | |
|-----------------------------|------------------------------------|
| Name of Employer c2group | Occupation Government Relations |
|-----------------------------|------------------------------------|

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11A1.15951

Amount of Each Receipt this Period
2100.00

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

| | | |
|------------------------------------------------------------------|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2100.00 |
| TOTAL This Period (last page this line number only) | ▶ | 12250.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 75 |
| | <input type="checkbox"/> 11a <input checked="" 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)
RODNEY ALEXANDER FOR CONGRESS INC.

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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10294.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 04 / 2005

Transaction ID: SA11B.15887

Amount of Each Receipt this Period
98.00

In-kind - Blast Fax
 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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10392.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 24 / 2005

Transaction ID: SA11B.15889

Amount of Each Receipt this Period
98.00

In-kind - Blast Fax
 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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10490.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 16 / 2005

Transaction ID: SA11B.15891

Amount of Each Receipt this Period
98.00

In-kind - Blast Fax
 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) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | | |
|------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 14 / 75 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input checked="" 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)
RODNEY ALEXANDER FOR CONGRESS INC.

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

Mailing Address 320 FIRST STREET

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10588.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11B.15893

Amount of Each Receipt this Period
98.00

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

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 98.00 |
| TOTAL This Period (last page this line number only) | ▶ | 392.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5 |
| Mailing Address 100 Abbott Park Rd. D312 AP6D | | Transaction ID: SA11C.15896 |
| City State Zip Code Abbott Park IL 60064 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00040279 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 |
| Mailing Address 120 Park Avenue | | Transaction ID: SA11C.15963 |
| City State Zip Code New York NY 10017 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00089136 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. AMERICAN BEVERAGE ASSOCIATION POLITICAL ACTION COMMITTEE (AKA AMERICAN BEVERAGE ASSOCIATION) | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 1101 - 16th Street N.W. | | Transaction ID: SA11C.16047 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00100107 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

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

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

FOR LINE NUMBER: PAGE 16 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)
A. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC
 Mailing Address **1640 Wisconsin Avenue NW**
 City **Washington** State **DC** Zip Code **20007**
 FEC ID number of contributing federal political committee. **C C00382424**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 5
Transaction ID: SA11C.15941
 Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN DENTAL POLITICAL ACTION CMTE.
 Mailing Address **1111 14th Street NW Suite 1100**
 City **Washington** State **DC** Zip Code **20005**
 FEC ID number of contributing federal political committee. **C C00000729**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5
Transaction ID: SA11C.16044
 Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT, THE
 Mailing Address **1 Riverside Plaza - 26th Floor P.O. Box 16036**
 City **Columbus** State **OH** Zip Code **43215**
 FEC ID number of contributing federal political committee. **C C00096842**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 5
Transaction ID: SA11C.15898
 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)
A. AMERICAN FOREST & PAPER ASSOC PAC (AF&PAPAC) FKA FOREST INDUSTRIES PAC (FIPAC)

Mailing Address **1111 19TH STREET NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00029348**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16008

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address **325 Seventh Street NW Suite 700**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16006

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address **1150 Connecticut Ave. Suite 1200**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00024281**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16004

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) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. ANTEON CORPORATION PAC | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 3211 JERMANTOWN ROAD SUITE 700 | | Transaction ID: SA11C.16049 |
| City FAIRFAX | State VA | Zip Code 22030 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00337204 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. BACK AMERICA'S CONSERVATIVES PAC (BAC PAC) | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 704 FITZHUGH WAY | | Transaction ID: SA11C.15955 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Amount of Each Receipt this Period 2500.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00377028 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 1155 Peachtree St. NE 14D03 | | Transaction ID: SA11C.16009 |
| City Atlanta | State GA | Zip Code 30309 |
| Amount of Each Receipt this Period 500.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00174060 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

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|--------------------------------------------------------------------|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 101 Constitution Ave NW Tenth Floor West | | Transaction ID: SA11C.15957 Amount of Each Receipt this Period 5000.00 |
| City Washington State DC Zip Code 20001 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00001016 | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 5000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE) | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address P O BOX 909700 | | Transaction ID: SA11C.16007 Amount of Each Receipt this Period 1000.00 |
| City KANSAS CITY State MO Zip Code 64190 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00001388 | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 8400 WESTPARK DRIVE | | Transaction ID: SA11C.16040 Amount of Each Receipt this Period 1500.00 |
| City MCLEAN State VA Zip Code 22102 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C C00040998 | | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1500.00 | |

| | |
|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. DEERE & COMPANY POLITICAL ACTION COMMITTEE - IOWA (DEERE PAC-IOWA) | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address One John Deere Place Suite 1707 | | Transaction ID: SA11C.16042 |
| City Moline State IL Zip Code 61265 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00082255 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5 |
| Mailing Address P.O. Box 365 | | Transaction ID: SA11C.15964 |
| City Washington State DC Zip Code 20044 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00211318 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECCAC) | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 |
| Mailing Address 3 BETHESDA METRO CENTER SUITE 1100 | | Transaction ID: SA11C.15920 |
| City BETHESDA State MD Zip Code 20814 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00113811 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address **520 S. GRAND AVE. STE. 700**

City **LOS ANGELES** State **CA** Zip Code **90071**

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

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

Transaction ID: SA11C.15899

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)
ENTERGY CORPORATION POLITICAL ACTION COMMITTEE 'ENPAC'

Mailing Address **425 West Capitol Avenue Suite 40B**

City **Little Rock** State **AR** Zip Code **72203**

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15922

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)
ESOP ASSOCIATION PAC

Mailing Address **1726 M STREET, NW SUITE 501**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

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

Transaction ID: SA11C.15916

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address **One Enterprise Drive**

City **Aliso Viejo** State **CA** Zip Code **92656**

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16027

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)
FREEDOM PROJECT; THE

Mailing Address **111 C STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11C.15961

Amount of Each Receipt this Period
5000.00

Debt Retirement

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

C. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address **111 C STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: SA11C.15966

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) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. FUTURE LEADERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address **1155 21ST ST NW SUITE 300**
 City **WASHINGTON** State **DC** Zip Code **20036**
 FEC ID number of contributing federal political committee. **C C00269407**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5
Transaction ID: SA11C.16053
 Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address **2610 Ridge Road Drive Suite 300**
 City **Alexandria** State **VA** Zip Code **22302**
 FEC ID number of contributing federal political committee. **C C00388793**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5
Transaction ID: SA11C.16025
 Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. ICE CREAM, MILK & CHEESE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address **1250 H STREET N W SUITE 900**
 City **WASHINGTON** State **DC** Zip Code **20005**
 FEC ID number of contributing federal political committee. **C C00128231**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5
Transaction ID: SA11C.16023
 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) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 24 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **One Thomas Circle NW
Suite 400**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.16045

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)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address **1750 NEW YORK NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C70003108**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15923

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)
JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address **One Johnson & Johnson Plaza**

City **New Brunswick** State **NJ** Zip Code **08933**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15900

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) ►

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address **One Johnson & Johnson Plaza**

City **New Brunswick** State **NJ** Zip Code **08933**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

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

Transaction ID: SA11C.15915

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)
JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND

Mailing Address **One Johnson & Johnson Plaza**

City **New Brunswick** State **NJ** Zip Code **08933**

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

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

Transaction ID: SA11C.16041

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)
JONES, WALKER, WAECHTER, POITEVENT, CARRERE & DENEGRE POLITICAL ACTION COMMITTEE

Mailing Address **201 ST CHARLES AVENUE 49TH FLOOR**

City **NEW ORLEANS** State **LA** Zip Code **70170**

FEC ID number of contributing federal political committee. **C C00111534**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: SA11C.15969

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
KEEP OUR MAJORITY PAC

Mailing Address **PO Box 20209**

City **Alexandria** State **VA** Zip Code **22320**

FEC ID number of contributing federal political committee. **C C00307405**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11C.15929

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

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

B. Full Name (Last, First, Middle Initial)
KEEP OUR MAJORITY PAC

Mailing Address **PO Box 20209**

City **Alexandria** State **VA** Zip Code **22320**

FEC ID number of contributing federal political committee. **C C00307405**

Name of Employer _____ Occupation _____

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11C.15931

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

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

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Mailing Address **905 16TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C70004171**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 5 |

Transaction ID: SA11C.15947

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) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND

Full Name (Last, First, Middle Initial)
 Mailing Address **P. O. Box 65796**

City **Washington** State **DC** Zip Code **20035**

FEC ID number of contributing federal political committee. **C C00370791**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15997

Amount of Each Receipt this Period
5000.00

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

B. MERCK EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Full Name (Last, First, Middle Initial)
 Mailing Address **601 Pennsylvania Ave. NW
 North Building Suite 1200**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15901

Amount of Each Receipt this Period
1000.00

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

C. MWH AMERICAS INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)
 Mailing Address **380 Interlocken Crescent
 Suite 200**

City **Broomfield** State **CO** Zip Code **80021**

FEC ID number of contributing federal political committee. **C C00242370**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15991

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) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 28 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

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

Mailing Address **1600 Duke Street**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00126763**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16014

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)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS INC. POLITICAL ACTION COMMITTEE

Mailing Address **1875 Eye Street NW Suite 600**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: SA11C.16038

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)
NATIONAL ASSOCIATION OF REALTORS

Mailing Address **430 N MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C70002563**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16022

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) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 29 / 75
(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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1101 King Street Suite 600
 Suite 600**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15895

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL

Mailing Address **1015 FIFTEENTH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00034272**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15918

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)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address **PO BOX 820292**

City **MEMPHIS** State **TN** Zip Code **38182**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 5

Transaction ID: SA11C.15944

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) ► **7000.00**

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

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

| | | |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address **PO BOX 820292**

City **MEMPHIS** State **TN** Zip Code **38182**

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

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

Transaction ID: SA11C.16037

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)
NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1200 17TH STREET N.W.**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.15956

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)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address **1201 16th St NW Ste 420**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11C.16021

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) | |

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

| | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
NISOURCE INC. PAC

Mailing Address **200 Civic Center Drive**

City **Columbus** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 09 / 2005

Transaction ID: SA11C.16001

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)
NRA POLITICAL VICTORY FUND

Mailing Address **11250 WAPLES MILL ROAD**

City **FAIRFAX** State **VA** Zip Code **22030**

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: SA11C.15995

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)
OMEGA PROTEIN INC POLITICAL ACTION COMMITTEE (OMEGA-PAC) FKA ZAPATA-PAC

Mailing Address **251 FLORIDA STREET SUITE 308**

City **BATON ROUGE** State **LA** Zip Code **70801**

FEC ID number of contributing federal political committee. **C C00085480**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: SA11C.16035

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE, TRADE, AND ECONOMIC GROWTH (PETE PAC)

Mailing Address **7804 Evening Lane**

City **Alexandria** State **VA** Zip Code **22306**

FEC ID number of contributing federal political committee. **C C00363770**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15932

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address **235 East 42nd Street**

City **New York** State **NY** Zip Code **10017**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

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

Transaction ID: SA11C.15897

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address **235 East 42nd Street**

City **New York** State **NY** Zip Code **10017**

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4000.00**

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

Transaction ID: SA11C.16046

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) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 33 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
POWELL GOLDSTEIN LLP POLITICAL ACTION COMMITTEE

Mailing Address **1201 WEST PEACHTREE ST. NW
 14TH FLOOR**

City **ATLANTA** State **GA** Zip Code **30309**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11C.16002

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)
PROCTER & GAMBLE COMPANY GOOD GOVERNMENT COMMITTEE (AKA P&G PAC), THE

Mailing Address **One Procter & Gamble Plaza**

City **Cincinnati** State **OH** Zip Code **45202**

FEC ID number of contributing federal political committee. **C C00257329**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

Transaction ID: SA11C.16051

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)
PROMOTING REPUBLICANS YOU CAN ELECT PROJECT (PRYCE PROJECT)

Mailing Address **1155 21ST STREET NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00330068**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15987

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)
ITEMIZED RECEIPTS**

| | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)

Full Name (Last, First, Middle Initial)
 Mailing Address **PO BOX 26366**

City **ALEXANDRIA** State **VA** Zip Code **22313**

FEC ID number of contributing federal political committee. **C C00375246**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.15934

Amount of Each Receipt this Period
5000.00

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

B. RELY ON YOUR BELIEFS FUND

Full Name (Last, First, Middle Initial)
 Mailing Address **209 Pennsylvania Avenue SE**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00344648**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

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

Transaction ID: SA11C.16034

Amount of Each Receipt this Period
5000.00

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

C. RJR POLITICAL ACTION COMMITTEE; R. J. REYNOLDS TOBACCO COMPANY

Full Name (Last, First, Middle Initial)
 Mailing Address **P. O. Box 718**

City **Winston-Salem** State **NC** Zip Code **27102**

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

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

Transaction ID: SA11C.15919

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) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 35 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
SIEBEL SYSTEMS INC EGOVERNMENT PAC SIEBEL PAC
 Mailing Address **2207 BRIDGEPOINTE PARKWAY**
 City State Zip Code
SAN MATEO CA 94404
 FEC ID number of contributing federal political committee. **C C00364711**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5
Transaction ID: SA11C.15977
 Amount of Each Receipt this Period
5000.00
 Debt Retirement
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SIEBEL SYSTEMS INC EGOVERNMENT PAC SIEBEL PAC
 Mailing Address **2207 BRIDGEPOINTE PARKWAY**
 City State Zip Code
SAN MATEO CA 94404
 FEC ID number of contributing federal political committee. **C C00364711**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5
Transaction ID: SA11C.15996
 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)
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)
 Mailing Address **1301 K STREET NW
 SUITE 600 EAST TOWER**
 City State Zip Code
WASHINGTON DC 20005
 FEC ID number of contributing federal political committee. **C C00216127**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5
Transaction ID: SA11C.16010
 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) ► **11000.00**
TOTAL This Period (last page this line number only) ►

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

| | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 75 |
| | <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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. SUPERIOR CALIFORNIA FEDERAL LEADERSHIP FUND

Full Name (Last, First, Middle Initial)
 Mailing Address **2150 RIVER PLAZA DR #150**

City **SACRAMENTO** State **CA** Zip Code **95633**

FEC ID number of contributing federal political committee. **C C00317511**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

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

Transaction ID: SA11C.15993

Amount of Each Receipt this Period
2500.00

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

B. TEXTRON INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
 Mailing Address **40 WESTMINSTER STREET**

City **PROVIDENCE** State **RI** Zip Code **02903**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

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

Transaction ID: SA11C.15909

Amount of Each Receipt this Period
1000.00

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

C. TOM JAMES COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
 Mailing Address **1155 21ST STREET NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00337972**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: SA11C.16019

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) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 37 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 55 Glenlake Parkway N.E. | | Transaction ID: SA11C.15989 |
| City Atlanta | State GA | Zip Code 30328 |
| FEC ID number of contributing federal political committee. C C00064766 | | Amount of Each Receipt this Period 1500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 |
| Mailing Address 2915 SOUTH 13TH | | Transaction ID: SA11C.15948 |
| City DUNCAN | State OK | Zip Code 73533 |
| FEC ID number of contributing federal political committee. C C00202184 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. WILLIAMS AND JENSEN PLLC POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 1155 21st Street NW Suite 300 | | Transaction ID: SA11C.16017 |
| City Washington | State DC | Zip Code 20036 |
| FEC ID number of contributing federal political committee. C C00039206 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|------------------------------------------------------------------|------------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | 139000.00 |

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

| | | |
|------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 75 | |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
 Delta Airlines

Mailing Address P.O. Box 20706

City State Zip Code
 Airport Mail Cente GA 30320

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 213.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 5

Transaction ID: SA14.15874

Amount of Each Receipt this Period
 213.00

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

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 213.00 |
| TOTAL This Period (last page this line number only) | 213.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 75

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ms. Nancy Alexander | | Transaction ID: SB17.16188 Date of Disbursement 10 / 14 / 2005 |
| Mailing Address PO Box 368 | | Amount of Each Disbursement this Period 265.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Quitman State LA Zip Code 71268 | | |
| Purpose of Disbursement Travel Reimbursement Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ms. Nancy Alexander | | Transaction ID: SB17.16233 Date of Disbursement 12 / 19 / 2005 | |
| Mailing Address PO Box 368 | | Amount of Each Disbursement this Period 278.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Quitman State LA Zip Code 71268 | | | |
| Purpose of Disbursement Travel Reimbursement Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mr. RODNEY ALEXANDER | | Transaction ID: SB17.16190 Date of Disbursement 10 / 18 / 2005 | |
| Mailing Address PO Box 367 | | Amount of Each Disbursement this Period 241.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City QUITMAN State LA Zip Code 71268 | | | |
| Purpose of Disbursement Travel Reimbursement Candidate Name | | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 | | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 785.64 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Mr. RODNEY ALEXANDER | | Transaction ID: SB17.16232 Date of Disbursement 12 / 19 / 2005 | |
| Mailing Address PO Box 367 | | Amount of Each Disbursement this Period 271.75 | |
| City QUITMAN State LA Zip Code 71268 | Purpose of Disbursement Travel Reimbursement | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Aventurem LLC | | Transaction ID: SB17.16243 Date of Disbursement 12 / 01 / 2005 | |
| Mailing Address 1155 21st St NW, Ste 330 | | Amount of Each Disbursement this Period 3000.00 | |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Fundraising Consultant Fees | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Aventurem LLC | | Transaction ID: SB17.16245 Date of Disbursement 12 / 19 / 2005 | |
| Mailing Address 1155 21st St NW, Ste 330 | | Amount of Each Disbursement this Period 4046.33 | |
| City Washington State DC Zip Code 20036 | Purpose of Disbursement Fundraising Consultant Fees | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7318.08 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Bellsouth | | Transaction ID: SB17.16199 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 | |
| Mailing Address PO Box 105503 | | Amount of Each Disbursement this Period 160.06 | |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement Phone Service 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Bellsouth | | Transaction ID: SB17.16215 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 | |
| Mailing Address PO Box 105503 | | Amount of Each Disbursement this Period 80.03 | |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement Phone Service 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Linda Blount | | Transaction ID: SB17.16209 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 | |
| Mailing Address 4599 Beech Springs Road | | Amount of Each Disbursement this Period 181.46 | |
| City Quitman State LA Zip Code 71268 | Purpose of Disbursement Travel Reimbursement 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 421.55 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | Transaction ID: SB17.16074 Date of Disbursement 10 / 17 / 2005 |
| Mailing Address 300 First St, SE | | Amount of Each Disbursement this Period 210.95 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Catering Costs 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Club | | Transaction ID: SB17.16090 Date of Disbursement 11 / 15 / 2005 |
| Mailing Address 300 First St, SE | | Amount of Each Disbursement this Period 530.12 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Catering Costs 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Capitol Hill Club | | Transaction ID: SB17.16119 Date of Disbursement 12 / 08 / 2005 |
| Mailing Address 300 First St, SE | | Amount of Each Disbursement this Period 113.27 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Catering Costs 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

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|--------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 854.34 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Chase Bank (formerly Bank One) | | Transaction ID: SB17.15864 | |
| Mailing Address 1500 N. Trenton | | Date of Disbursement 10 / 31 / 2005 | |
| City Ruston | State LA | Zip Code 71270 | Amount of Each Disbursement this Period 10.00 |
| Purpose of Disbursement Service Charges | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Chase Bank (formerly Bank One) | | Transaction ID: SB17.16191 | |
| Mailing Address 1500 N. Trenton | | Date of Disbursement 10 / 31 / 2005 | |
| City Ruston | State LA | Zip Code 71270 | Amount of Each Disbursement this Period 2610.00 |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Chase Bank (formerly Bank One) | | Transaction ID: SB17.15867 | |
| Mailing Address 1500 N. Trenton | | Date of Disbursement 11 / 08 / 2005 | |
| City Ruston | State LA | Zip Code 71270 | Amount of Each Disbursement this Period 116.24 |
| Purpose of Disbursement Service Charges | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 2736.24 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 75

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Chase Bank (formerly Bank One) | | Transaction ID: SB17.16237 | |
| Mailing Address 1500 N. Trenton | | Date of Disbursement 12 / 30 / 2005 | |
| City Ruston | State LA | Zip Code 71270 | Amount of Each Disbursement this Period 3955.00 |
| Purpose of Disbursement Payroll Taxes | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Chevron | | Transaction ID: SB17.16088 | |
| Mailing Address 8262 Quitman Hwy | | Date of Disbursement 11 / 07 / 2005 | |
| City Quitman | State LA | Zip Code 71268 | Amount of Each Disbursement this Period 78.65 |
| Purpose of Disbursement Fuel | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Chevron | | Transaction ID: SB17.16091 | |
| Mailing Address 8262 Quitman Hwy | | Date of Disbursement 11 / 16 / 2005 | |
| City Quitman | State LA | Zip Code 71268 | Amount of Each Disbursement this Period 47.01 |
| Purpose of Disbursement Fuel | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4080.66 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Chevron | | Transaction ID: SB17.16116 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5 |
| Mailing Address 8262 Quitman Hwy | | Amount of Each Disbursement this Period 53.01 |
| City State Zip Code Quitman LA 71268 | Purpose of Disbursement Fuel | |
| 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Chevron | | Transaction ID: SB17.16117 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 5 |
| Mailing Address 8262 Quitman Hwy | | Amount of Each Disbursement this Period 38.79 |
| City State Zip Code Quitman LA 71268 | Purpose of Disbursement Fuel | |
| 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Chevron | | Transaction ID: SB17.16125 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5 |
| Mailing Address 8262 Quitman Hwy | | Amount of Each Disbursement this Period 49.03 |
| City State Zip Code Quitman LA 71268 | Purpose of Disbursement Fuel | |
| 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 140.83 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Cingular | | Transaction ID: SB17.16180 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 |
| Mailing Address P. O. Box 772349 | | Amount of Each Disbursement this Period 185.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Phone Service Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Cingular | | Transaction ID: SB17.16196 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 |
| Mailing Address P. O. Box 772349 | | Amount of Each Disbursement this Period 30.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Phone Service Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Cingular | | Transaction ID: SB17.16211 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address P. O. Box 772349 | | Amount of Each Disbursement this Period 145.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ocala State FL Zip Code 34477 | Purpose of Disbursement Phone Service Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 361.26 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Cingular Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 772349 City Ocala State FL Zip Code 34477 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.15870 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 145.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| B. Comcast Full Name (Last, First, Middle Initial) Mailing Address PO Box 3005 City Southeastern State PA Zip Code 19398 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16181 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 51.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| C. Comcast Full Name (Last, First, Middle Initial) Mailing Address PO Box 3005 City Southeastern State PA Zip Code 19398 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16197 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 51.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 248.20 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Comcast | | Transaction ID: SB17.16214 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address PO Box 3005 | | Amount of Each Disbursement this Period 51.30 |
| City Southeastern State PA Zip Code 19398 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Utilities | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Complete Campaigns | | Transaction ID: SB17.16200 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 |
| Mailing Address 610 Gateway Center Way Ste K | | Amount of Each Disbursement this Period 500.00 |
| City San Diego State CA Zip Code 92102 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Software | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Complete Campaigns | | Transaction ID: SB17.16210 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address 610 Gateway Center Way Ste K | | Amount of Each Disbursement this Period 500.00 |
| City San Diego State CA Zip Code 92102 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Software | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1051.30 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Cowboy Trailers | | Transaction ID: SB17.16159 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 5 |
| Mailing Address 246 Calhoun Service Rd | | Amount of Each Disbursement this Period 1218.10 |
| City Calhoun State LA Zip Code 71225 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Equipment Rental | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Cox Communications | | Transaction ID: SB17.16184 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 |
| Mailing Address 208 Hudson Av | | Amount of Each Disbursement this Period 102.10 |
| City Jonesboro State LA Zip Code 71251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Utilities | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Delta Airlines | | Transaction ID: SB17.16073 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5 |
| Mailing Address P.O. Box 20706 | | Amount of Each Disbursement this Period 361.90 |
| City Airport Mail Cente State GA Zip Code 30320 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Airfare | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1682.10 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Delta Airlines | | Transaction ID: SB17.16075 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5 |
| Mailing Address P.O. Box 20706 | | Amount of Each Disbursement this Period 574.90 |
| City State Zip Code Airport Mail Cente GA 30320 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Airfare | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Digital Donations LLC | | Transaction ID: SB17.15972 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5 |
| Mailing Address PO Box 82130 | | Amount of Each Disbursement this Period 200.00 |
| City State Zip Code Baton Rouge LA 70884 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Service Charges | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Eason Portable Buildings | | Transaction ID: SB17.16241 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5 |
| Mailing Address 912 E Georgia Ave | | Amount of Each Disbursement this Period 2691.40 |
| City State Zip Code Ruston LA 71270 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Storage | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3466.30 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Friends of NRA | | Transaction ID: SB17.16189 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5 |
| Mailing Address 11250 Waples Mill Road | | Amount of Each Disbursement this Period 250.00 |
| City Fairfax State VA Zip Code 22030 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event Tickets | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Guglielmo, Marks, Schutte, Terhoeve & Love LLP | | Transaction ID: SB17.16057 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 320 Somerulus St | | Amount of Each Disbursement this Period 2681.85 |
| City Baton Rouge State LA Zip Code 70802 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Legal Fees | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) C. Hodge Bank & Trust | | Transaction ID: SB17.15876 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 5.00 |
| City Hodge State LA Zip Code 71247 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Service Charge | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2936.85 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hodge Bank & Trust | | Transaction ID: SB17.15878 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 15.00 |
| City Hodge State LA Zip Code 71247 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Service Charge Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Hodge Bank & Trust | | Transaction ID: SB17.15879 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 30.00 |
| City Hodge State LA Zip Code 71247 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Service Charge Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Hodge Bank & Trust | | Transaction ID: SB17.15880 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 5.00 |
| City Hodge State LA Zip Code 71247 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Service Charge Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 50.00 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hodge Bank & Trust | | Transaction ID: SB17.15881 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Hodge State LA Zip Code 71247 | Purpose of Disbursement Service Charge Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Hodge Bank & Trust | | Transaction ID: SB17.16065 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 1.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Hodge State LA Zip Code 71247 | Purpose of Disbursement Service Charge Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Internal Revenue Service | | Transaction ID: SB17.16220 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address Dept. of Treasury | | Amount of Each Disbursement this Period 710.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ogden State UT Zip Code 84201 | Purpose of Disbursement Payroll Taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 716.05 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Transaction ID: SB17.16229 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 5 |
| Mailing Address Dept. of Treasury | | Amount of Each Disbursement this Period 273.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ogden State UT Zip Code 84201 | Purpose of Disbursement Payroll Taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Kay's Designs | | Transaction ID: SB17.16183 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 |
| Mailing Address 135 Pershing Hwy | | Amount of Each Disbursement this Period 145.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Jonesboro State LA Zip Code 71251 | Purpose of Disbursement Event Decor Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) C. Kay's Designs | | Transaction ID: SB17.16222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address 135 Pershing Hwy | | Amount of Each Disbursement this Period 435.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Jonesboro State LA Zip Code 71251 | Purpose of Disbursement Event Decor Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 854.54 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Keelen Communications Full Name (Last, First, Middle Initial) Mailing Address PO Box 2776 City Arlington State VA Zip Code 22202 Purpose of Disbursement Fundraising Consultant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16238 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 1900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| B. Betty Lippe Full Name (Last, First, Middle Initial) Mailing Address 202 Washington St City Pineville State LA Zip Code 71360 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16251 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. Betty Lippe Full Name (Last, First, Middle Initial) Mailing Address 202 Washington St City Pineville State LA Zip Code 71360 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16249 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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|--------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3300.00 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Louisiana Department of Labor</p> <p>Full Name (Last, First, Middle Initial) Rodney Alexander for Congress Inc.</p> <p>Mailing Address P. O. Box 94186</p> <p>City Baton Rouge State LA Zip Code 70804</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.16236</p> <p>Date of Disbursement 12 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 1928.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Louisiana Dept. of Revenue</p> <p>Full Name (Last, First, Middle Initial) Rodney Alexander for Congress Inc.</p> <p>Mailing Address P. O. Box 91017</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.16192</p> <p>Date of Disbursement 10 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 1738.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Louisiana Dept. of Revenue</p> <p>Full Name (Last, First, Middle Initial) Rodney Alexander for Congress Inc.</p> <p>Mailing Address P. O. Box 91017</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.16230</p> <p>Date of Disbursement 12 / 17 / 2005</p> <p>Amount of Each Disbursement this Period 72.11</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) ▶

3739.07

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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Lisa A. Lowe | | Transaction ID: SB17.16179 Date of Disbursement 10 / 03 / 2005 | |
| Mailing Address PO Box 65 | | Amount of Each Disbursement this Period 1939.33 | |
| City Quitman State LA Zip Code 71268 | Purpose of Disbursement Salaries Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Lisa A. Lowe | | Transaction ID: SB17.16194 Date of Disbursement 11 / 01 / 2005 | |
| Mailing Address PO Box 65 | | Amount of Each Disbursement this Period 1939.33 | |
| City Quitman State LA Zip Code 71268 | Purpose of Disbursement Salaries Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Lisa A. Lowe | | Transaction ID: SB17.16208 Date of Disbursement 12 / 01 / 2005 | |
| Mailing Address PO Box 65 | | Amount of Each Disbursement this Period 1939.33 | |
| City Quitman State LA Zip Code 71268 | Purpose of Disbursement Salaries Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5817.99 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Lisa A. Lowe | | Transaction ID: SB17.16231 Date of Disbursement 12 / 17 / 2005 | |
| Mailing Address PO Box 65 | | Amount of Each Disbursement this Period 247.32 | |
| City Quitman State LA Zip Code 71268 | Purpose of Disbursement Travel Reimbursement 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. McDermott, Will & Emery | | Transaction ID: SB17.16062 Date of Disbursement 11 / 16 / 2005 | |
| Mailing Address 600 13th St, NW | | Amount of Each Disbursement this Period 20000.00 | |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement Legal Fees 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: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MCREI | | Transaction ID: SB17.16058 Date of Disbursement 12 / 17 / 2005 | |
| Mailing Address 3937 Pines Rd Ste 1 | | Amount of Each Disbursement this Period 3000.00 | |
| City Shreveport State LA Zip Code 71119 | Purpose of Disbursement Mail Production 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: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional) | 23247.32 |
| 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 59 / 75

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MCREI | | Transaction ID: SB17.16059 Date of Disbursement 12 / 30 / 2005 | |
| Mailing Address 3937 Pines Rd Ste 1 | | Amount of Each Disbursement this Period 3000.00 | |
| City Shreveport State LA Zip Code 71119 | Purpose of Disbursement Mail Production | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Moon Griffon | | Transaction ID: SB17.16226 Date of Disbursement 12 / 12 / 2005 | |
| Mailing Address PO Box 211 | | Amount of Each Disbursement this Period 800.00 | |
| City Monroe State LA Zip Code 71210 | Purpose of Disbursement Media Production | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.15888 Date of Disbursement 10 / 04 / 2005 | |
| 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 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3898.00 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.15890 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 320 FIRST STREET | | <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>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20003 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In-kind - Blast Fax | | Amount of Each Disbursement this Period <table border="1"><tr><td>98.00</td></tr></table> | 98.00 | | | | | | | | | | | | | | | | | | | |
| 98.00 | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | | |

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| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.15892 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 320 FIRST STREET | | <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>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 1 | 6 | | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | | 1 | 6 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20003 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In-kind - Blast Fax | | Amount of Each Disbursement this Period <table border="1"><tr><td>98.00</td></tr></table> | 98.00 | | | | | | | | | | | | | | | | | | | |
| 98.00 | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | | |

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|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Transaction ID: SB17.15894 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 320 FIRST STREET | | <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>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 1 | 8 | | 2 | 0 | 0 | 5 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 0 | 5 | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20003 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement In-kind - Blast Fax | | Amount of Each Disbursement this Period <table border="1"><tr><td>98.00</td></tr></table> | 98.00 | | | | | | | | | | | | | | | | | | | |
| 98.00 | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| State: District: | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>294.00</td></tr></table> | 294.00 |
| 294.00 | | |
| 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)

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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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dan O'Neal, III | | Transaction ID: SB17.16187 Date of Disbursement 10 / 03 / 2005 | |
| Mailing Address 123 Hwy 821 | | Amount of Each Disbursement this Period 450.00 | |
| City Choudrant State LA Zip Code 71227 | Purpose of Disbursement Office Rent | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Transaction ID: SB17.16066 Date of Disbursement 10 / 03 / 2005 | |
| Mailing Address 221 North Service Rd | | Amount of Each Disbursement this Period 114.43 | |
| City Ruston State LA Zip Code 71270 | Purpose of Disbursement Office Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Office Depot | | Transaction ID: SB17.16083 Date of Disbursement 10 / 31 / 2005 | |
| Mailing Address 221 North Service Rd | | Amount of Each Disbursement this Period 154.93 | |
| City Ruston State LA Zip Code 71270 | Purpose of Disbursement Office Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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|--------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 719.36 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. People's Bank | | Transaction ID: SB17.16217 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address 6689 Hwy 34 | | Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chatham State LA Zip Code 71226 | Purpose of Disbursement Automobile Lease Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Perry, Atkinson, Balhoff, Mengis & Burns LLC | | Transaction ID: SB17.16063 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5 |
| Mailing Address 2141 Quail Run Dr | | Amount of Each Disbursement this Period 15362.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Baton Rouge State LA Zip Code 70808 | Purpose of Disbursement Legal Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Political Compliance Services | | Transaction ID: SB17.16228 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 5 |
| Mailing Address PO Box 373 | | Amount of Each Disbursement this Period 2800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Fairfax Station State VA Zip Code 22039 | Purpose of Disbursement Accounting & Compliance Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 21162.97 |
| 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 63 / 75

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ginger Robinson | | Transaction ID: SB17.16178 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 |
| Mailing Address 4596 Beech Springs Road | | Amount of Each Disbursement this Period 2213.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Quitman State LA Zip Code 71268 | Category/ Type | |
| Purpose of Disbursement Salaries Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Ginger Robinson | | Transaction ID: SB17.16193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 |
| Mailing Address 4596 Beech Springs Road | | Amount of Each Disbursement this Period 2213.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Quitman State LA Zip Code 71268 | Category/ Type | |
| Purpose of Disbursement Salaries Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ginger Robinson | | Transaction ID: SB17.16223 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address 4596 Beech Springs Road | | Amount of Each Disbursement this Period 726.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Quitman State LA Zip Code 71268 | Category/ Type | |
| Purpose of Disbursement Salaries Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5152.73 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ruth's Chris Steak House | | Transaction ID: SB17.16176 Date of Disbursement 12 / 07 / 2005 | |
| Mailing Address 724 9th St, NW | | Amount of Each Disbursement this Period 316.26 | |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Catering Costs | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sam's Club | | Transaction ID: SB17.16121 Date of Disbursement 12 / 12 / 2005 | |
| Mailing Address 5400 Frontage Road | | Amount of Each Disbursement this Period 78.61 | |
| City Monroe State LA Zip Code 71202 | Purpose of Disbursement Office Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Silmon Cash & Carry | | Transaction ID: SB17.16202 Date of Disbursement 11 / 25 / 2005 | |
| Mailing Address 209 Claiborne St | | Amount of Each Disbursement this Period 382.89 | |
| City West Monroe State LA Zip Code 71291 | Purpose of Disbursement Parade Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 777.76 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Silmon Cash & Carry | | Transaction ID: SB17.16206 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 |
| Mailing Address 209 Claiborne St | | Amount of Each Disbursement this Period 546.36 |
| City West Monroe State LA Zip Code 71291 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Parade Supplies | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Silmon Cash & Carry | | Transaction ID: SB17.16225 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 |
| Mailing Address 209 Claiborne St | | Amount of Each Disbursement this Period 247.41 |
| City West Monroe State LA Zip Code 71291 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Parade Supplies | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Southside Mini Storage | | Transaction ID: SB17.16185 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 100.00 |
| City Hodge State LA Zip Code 71247 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Storage | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 893.77 |
| 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)

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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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Southside Mini Storage | | Transaction ID: SB17.16195 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Hodge State LA Zip Code 71247 | Purpose of Disbursement Storage Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| Full Name (Last, First, Middle Initial) B. Southside Mini Storage | | Transaction ID: SB17.16216 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address PO Box 1600 | | Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Hodge State LA Zip Code 71247 | Purpose of Disbursement Storage Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. State Farm Insurance | | Transaction ID: SB17.15865 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5 |
| Mailing Address PO Box 280 | | Amount of Each Disbursement this Period 100.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Jonesboro State LA Zip Code 71251 | Purpose of Disbursement Insurance Premium Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 300.33 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. State Farm Insurance | | Transaction ID: SB17.15866 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 280 | | Amount of Each Disbursement this Period 100.33 |
| City Jonesboro State LA Zip Code 71251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Insurance Premium Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. State Farm Insurance | | Transaction ID: SB17.15868 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 280 | | Amount of Each Disbursement this Period 100.33 |
| City Jonesboro State LA Zip Code 71251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Insurance Premium Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. The Congressional Club | | Transaction ID: SB17.16120 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 |
| Mailing Address 2001 New Hampshire Avenue, NW | | Amount of Each Disbursement this Period 126.90 |
| City Washington State DC Zip Code 20009 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event Premiums Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 327.56 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. The Congressional Institute | | Transaction ID: SB17.16173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5 |
| Mailing Address 401 Wythe St, Ste 103 | | Amount of Each Disbursement this Period 1556.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Travel/Lodging for Retreat Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. US Capitol Historical Society | | Transaction ID: SB17.16163 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5 |
| Mailing Address 200 Maryland Ave NE | | Amount of Each Disbursement this Period 656.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Event Decor Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. US Capitol Historical Society | | Transaction ID: SB17.16175 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5 |
| Mailing Address 200 Maryland Ave NE | | Amount of Each Disbursement this Period 401.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Event Decor Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

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|--------------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2614.07 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Verizon | | Transaction ID: SB17.16198 Date of Disbursement 11 / 01 / 2005 | |
| Mailing Address PO Box 17877 | | Amount of Each Disbursement this Period 126.87 | |
| City Baltimore State MD Zip Code 21297 | Purpose of Disbursement Phone Service 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: SB17.16221 Date of Disbursement 12 / 01 / 2005 | |
| Mailing Address PO Box 17877 | | Amount of Each Disbursement this Period 88.87 | |
| City Baltimore State MD Zip Code 21297 | Purpose of Disbursement Phone Service 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: SB17.15869 Date of Disbursement 12 / 08 / 2005 | |
| Mailing Address PO Box 17877 | | Amount of Each Disbursement this Period 88.87 | |
| City Baltimore State MD Zip Code 21297 | Purpose of Disbursement Phone Service 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: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

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|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 304.61 |
| 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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Vidalia Convention Center | | Transaction ID: SB17.16165 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5 |
| Mailing Address 2003 Billy Deal Ln | | Amount of Each Disbursement this Period 350.00 |
| City Vidalia State LA Zip Code 71373 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event/Table Sponsor Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Wal-Mart | | Transaction ID: SB17.16081 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 248 Old Winnfield Hwy | | Amount of Each Disbursement this Period 148.98 |
| City Jonesboro State LA Zip Code 71251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Event Decor Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Wal-Mart | | Transaction ID: SB17.16082 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 |
| Mailing Address 248 Old Winnfield Hwy | | Amount of Each Disbursement this Period 82.38 |
| City Jonesboro State LA Zip Code 71251 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Supplies Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--------------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 581.36 |
| 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 72 / 75

| | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
RODNEY ALEXANDER FOR CONGRESS INC.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Joey Zeringue | | Transaction ID: SB17.16213 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 |
| Mailing Address 225 E. Davis Street | | Amount of Each Disbursement this Period 400.00 |
| City Opelousas State LA Zip Code 70570 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Website Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Joey Zeringue | | Transaction ID: SB17.16227 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 5 |
| Mailing Address 225 E. Davis Street | | Amount of Each Disbursement this Period 200.00 |
| City Opelousas State LA Zip Code 70570 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Website Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

102225.46

**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 73 / 75

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input checked="" 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)
RODNEY ALEXANDER FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial)
Mr. James E. Bradford

Mailing Address 709 Leon Drive

City Jonesboro State LA Zip Code 71251

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB20A.16240

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 2 | | 0 | 5 | | 2 | 0 | 0 | 5 |

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 74 / 75 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 RODNEY ALEXANDER FOR CONGRESS INC.

| | |
|----------------------------------------------------------------------------------------------------|--------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anzalone-Liszt Research | Nature of Debt (Purpose): Polling |
| Mailing Address 423 S. Hull Street 2nd Floor | |
| City State ZIP Code Montgomery AL 36104 | |

| | | |
|-------------------------------------------------------|-----------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 17500.00 | Transaction ID: SD10.12619 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 17500.00 |

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Guglielmo, Marks, Schutte, Terhoeve & Love LLP | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 320 Somerulos St | |
| City State ZIP Code Baton Rouge LA 70802 | |

| | | |
|------------------------------------------------------|-----------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period 2681.85 | Transaction ID: SD10.13311 | |
| Amount Incurred This Period 0.00 | Payment This Period 2681.85 | Outstanding Balance at Close of This Period 0.00 |

| | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor McDermott, Will & Emery | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 600 13th St, NW | |
| City State ZIP Code Washington DC 20005 | |

| | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period 91293.87 | Transaction ID: SD10.13303 | |
| Amount Incurred This Period -71293.87 | Payment This Period 20000.00 | Outstanding Balance at Close of This Period 0.00 |

| | | |
|------------------------------------------------------------------------------------------------|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 17500.00 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 75 / 75 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 RODNEY ALEXANDER FOR CONGRESS INC.

| | |
|----------------------------------------------------------------------------------|----------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCREI | Nature of Debt (Purpose): Mail Production |
| Mailing Address 3937 Pines Rd Ste 1 | |
| City State ZIP Code Shreveport LA 71119 | |

| | | |
|------------------------------------------------------|-----------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period 6000.00 | Transaction ID: SD10.13302 | |
| Amount Incurred This Period 0.00 | Payment This Period 6000.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perry, Atkinson, Balhoff, Mengis & Burns LLC | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2141 Quail Run Dr | |
| City State ZIP Code Baton Rouge LA 70808 | |

| | | |
|-------------------------------------------------------|-----------------------------------|-----------------------------------------------------|
| Outstanding Balance Beginning This Period 15362.97 | Transaction ID: SD10.13305 | |
| Amount Incurred This Period 0.00 | Payment This Period 15362.97 | Outstanding Balance at Close of This Period 0.00 |

| | |
|------------------------------------------------------------------------------------------------|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... | 17500.00 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |