



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Boyd for Congress

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	127784.37	600196.56
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	127784.37	599196.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	49470.98	406487.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	17660.26
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49470.98	388827.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	539712.86	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2000.00	

**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  
Boyd for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

53715.00

212768.00

(ii) Unitemized.....

5885.00

29391.00

(iii) TOTAL of contributions

59600.00

242159.00

from individuals..... ▶

0.00

45.31

(b) Political Party Committees.....

68184.37

357992.25

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

127784.37

600196.56

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

17660.26

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

2112.88

6605.47

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

129897.25

624462.29

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	49470.98	406487.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS.....	4275.00	49275.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	53745.98	456762.37

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	463561.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	129897.25
25. SUBTOTAL (add Line 23 and Line 24).....	593458.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53745.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	539712.86

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Michael W. Adcock</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 5404 Backlick Woods Court		<b>Transaction ID: C11618</b>	
City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Van Scoyoc Associates	Occupation Vice President		
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>B. Patricia C. Benedict</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 3207 Remington Run		<b>Transaction ID: C11689</b>	
City Tallahassee	State FL	Zip Code 32312	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None		Occupation Homemaker	
Receipt For: 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>C. Hurley Booth</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 630 Chancey Lane		<b>Transaction ID: C11738</b>	
City Tallahassee	State FL	Zip Code 32308-6935	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self		Occupation Real Estate Developer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00		

\* In-Kind: Food and Beverage for Event

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Susannah Schmoie Borg</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 212 Pablo Court		<b>Transaction ID: C11647</b>	
City State Zip Code Pnte Vdra Bch FL 32082		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Agriculture			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Sue B. Boyd</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2006	
Mailing Address 5231 Pimlico Drive		<b>Transaction ID: C11547</b>	
City State Zip Code Tallahassee FL 32309-2404		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Title Insurance Agent			
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>C. Sue B. Boyd</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 5231 Pimlico Drive		<b>Transaction ID: C11718</b>	
City State Zip Code Tallahassee FL 32309-2404		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Self Title Insurance Agent			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Ben C. Boynton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 2735 Miller Landing Road		Transaction ID: C11732
City State Zip Code Tallahassee FL 32312-9670	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 Self Occupation Real Estate Development		
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>B. William F. Butler</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 997 Ilex Way		Transaction ID: C11675
City State Zip Code Tallahassee FL 32312-8002	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer St. Joe Corp. Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Michael C. Corcoran</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 13309 Thoroughbred Drive		Transaction ID: C11646
City State Zip Code Dade City FL 33525	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 Self Occupation Government Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<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)  
Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Corr Mailing Address 858 Point La Vista Rd N City Jacksonville State FL Zip Code 32207-6203 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 <b>Transaction ID: C11650</b> Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer St. Joe Corp. Occupation Sr. Vice President Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00

<b>B.</b> Full Name (Last, First, Middle Initial) Anthony Corriggio Mailing Address 53 W. 84th Street Apt. 1 City New York State NY Zip Code 10024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 <b>Transaction ID: C11651</b> Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer St. Joe Land Company Occupation Real Estate Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00

<b>C.</b> Full Name (Last, First, Middle Initial) Bryan H. Cureton Mailing Address 3717 Loma Farm Road City Tallahassee State FL Zip Code 32309 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006 <b>Transaction ID: C11598</b> 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)
Name of Employer Tallahassee Land Company Occupation Realtor Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul T. Cureton

Mailing Address 6023 Ox Bottom Manor Drive

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Cureton, Johnson & Assoc. Property Appraiser  
Real

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID: C11593**

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul T. Cureton

Mailing Address 6023 Ox Bottom Manor Drive

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Occupation  
Cureton, Johnson & Assoc. Property Appraiser  
Real

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID: C11592**

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Douglas J. Dane

Mailing Address 1400 Oven Park Drive

City State Zip Code  
Tallahassee FL 32308-7951

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

Name of Employer Occupation  
St. Joe Company Real Estate Development

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

**Transaction ID: C11681**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. J. Everitt Drew</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 2609 Cline Street		<b>Transaction ID: C11640</b>	
City State Zip Code Tallahassee FL 32308	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 Occupation St. Joe Corp. President	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Erin Ennis</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1432 Denholm Drive		<b>Transaction ID: C11673</b>	
City State Zip Code Tallahassee FL 32308-7900	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation St. Joe Company Finance Manager	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas Martin Fiorentino, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1520 Sawgrass Village Drive, #373		<b>Transaction ID: C11642</b>	
City State Zip Code Ponte Vedra Beach FL 32082	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 Occupation Fiorentino and Hewett Business Development Consultant	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin Fox		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 3639 Mossy Creek Lane		Transaction ID: C11674
City State Zip Code Tallahassee FL 32311	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation St. Joe Company Real Estate Development		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ken Fuqua		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address PO Box 13547		Transaction ID: C11686
City State Zip Code Tallahassee FL 32317-3547	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation State Securities Corp. President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Charles R. Gardner		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 1731 Armistead Place		Transaction ID: C11688
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard J. Gardner, Jr.

Mailing Address 1480 Market Street

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11717

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 459 Royal Tern Road South

City State Zip Code  
Ponte Vedra Beach FL 32082-7230

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

Name of Employer St. Joe Land Company Occupation Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11652

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)  
B. Lee Harrison, Jr.

Mailing Address 2908 Northmont Drive

City State Zip Code  
Tallahassee FL 32303-2830

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

Name of Employer North Florida Financial Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11685

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) ..... ► **3250.00**

**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 13 / 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Preston H. Haskell

Mailing Address P. O. Box 44100

City State Zip Code  
Jacksonville FL 32231-4100

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

Name of Employer Occupation  
The Haskell Co. Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

**Transaction ID: C11643**

Amount of Each Receipt this Period  
240.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harold Leo Hebert

Mailing Address 1872 Mills Street

City State Zip Code  
Tallahassee FL 32310

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

Name of Employer Occupation  
Hebert Constructing Construction

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID: C11596**

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Harold Leo Hebert

Mailing Address 1872 Mills Street

City State Zip Code  
Tallahassee FL 32310

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

Name of Employer Occupation  
Hebert Constructing Construction

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID: C11597**

Amount of Each Receipt this Period  
400.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2740.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nancy A. Heffley

Mailing Address 8975 Winged Foot Drive

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11645

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)  
Sharon G. Heierman

Mailing Address 2990 Kemp Rd

City State Zip Code  
Havana FL 32333-5753

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

Name of Employer FL Assoc. of Insurance and Fin. Ad Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11716

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charrisse I. Kaplan

Mailing Address 5200 Partridge Lane NW

City State Zip Code  
Washington DC 20016

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: C11608

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) ..... ► **2300.00**

**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 15 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lee H. Kell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 2039 Centre Point Boulevard, #101 Romero Financial Group		Transaction ID: C11543
City Tallahassee State FL Zip Code 32308	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Romero Financial Group Occupation Financial Advisor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jonathan Kohler		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 8240 Centerville Rd		Transaction ID: C11590
City Tallahassee State FL Zip Code 32309-9076	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kohler & Assoc. Occupation Owner		
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>C.</b> Michael Langton		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 1300 Oak Haven Rd		Transaction ID: C11644
City Jacksonville State FL Zip Code 32207-2219	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Langton Associates Occupation President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Charles H. Lydecker		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 18 Broadriver Road		Transaction ID: C11565
City State Zip Code Ormond Beach FL 32174-8743	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Poe & Brown Insurance Co.	Occupation Insurance Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christine Marx		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 148 Clearlake Drive		Transaction ID: C11654
City State Zip Code Ponte Vedra Beach FL 32082-2109	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer St. Joe Corp.	Occupation Attorney	
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>C.</b> Robert Woods Miller, III		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 1892 Buford Boulevard		Transaction ID: C11715
City State Zip Code Tallahassee FL 32308-4442	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Capital Insurance Agency	Occupation Ins. Sales & Mgmt.	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Teala A. Milton

Mailing Address 4151 Paloma Point Court

City Jacksonville State FL Zip Code 32217

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

Name of Employer Self Occupation Consultant

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  
03 / 27 / 2006

Transaction ID: C11677

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 943 Brookwood Road

City Jacksonville State FL Zip Code 32207-4211

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

Name of Employer Investec Services, Inc. Occupation Real Estate Broker

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  
03 / 27 / 2006

Transaction ID: C11659

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)  
Mary Nelson Morgan

Mailing Address 943 Brookwood Road

City Jacksonville State FL Zip Code 32207-4211

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

Name of Employer Cole Stone Stoudemire & Morgan Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11653

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chris Morris

Mailing Address 3940 W. W. Kelley Road

City Tallahassee State FL Zip Code 32311

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

Name of Employer INFORMATION REQUESTED Occupation Auto Sales

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  
03 / 10 / 2006

Transaction ID: C11595

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)  
Chris Morris

Mailing Address 3940 W. W. Kelley Road

City Tallahassee State FL Zip Code 32311

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

Name of Employer INFORMATION REQUESTED Occupation Auto Sales

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  
03 / 10 / 2006

Transaction ID: C11594

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)  
Christopher L. Nuland

Mailing Address 1000 Riverside Ave, #115

City Jacksonville State FL Zip Code 32204-4110

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11668

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
Deborah Parrish

Mailing Address 320 West Park Avenue

City State Zip Code  
Tallahassee FL 32301

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

Name of Employer Self Occupation Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
01 / 05 / 2006

Transaction ID: C11556

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)  
Louis Parrish

Mailing Address 5642 Veterans Memorial Drive

City State Zip Code  
Tallahassee FL 32309-8622

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

Name of Employer Self Occupation Consultant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
01 / 05 / 2006

Transaction ID: C11555

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)  
Jeffrey J. Peck

Mailing Address 5900 Cromwell Drive

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Griffin, Johnson, Madigan Peck Occupation Principle

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
03 / 31 / 2006

Transaction ID: C11609

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) ..... ▶ **1500.00**

**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 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
James C. Pirius

Mailing Address 7910 West Boulevard Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: C11568

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)  
Robert B. Rackleff

Mailing Address 502 Hillcrest Street, Apt. D

City State Zip Code  
Tallahassee FL 32308-5058

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

Name of Employer Leon County Occupation County Commissioner

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  
0 3 / 1 0 / 2 0 0 6

Transaction ID: C11604

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 24445 Moss Creek Lane

City State Zip Code  
Ponte Vedra Beach FL 32082-2163

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

Name of Employer St. Joe Corp. Occupation Sr. Vice. Pres.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 6

Transaction ID: C11661

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 77
	<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)  
Boyd for Congress

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

Mailing Address 7115 NW Highway 225

City Ocala State FL Zip Code 34482

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

Name of Employer St. Joe Corp. Occupation Sr. Vice. Pres.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11671

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)  
Rae Roeder

Mailing Address 121 Ridgeland Road

City Tallahassee State FL Zip Code 32312-1906

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

Name of Employer Self Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11719

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
John B. Rucker

Mailing Address 3773 Everest Dr

City Montgomery State AL Zip Code 36106-3336

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

Name of Employer Merchant Capital Occupation Investment Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11649

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) ..... ► 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 22 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lee Ann Rummell		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2538 River Road		Transaction ID: C11664
City Jacksonville State FL Zip Code 32207-4019	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lee Ann Rummell		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2538 River Road		Transaction ID: C11665
City Jacksonville State FL Zip Code 32207-4019	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Peter Rummell		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2538 River Road		Transaction ID: C11662
City Jacksonville State FL Zip Code 32207-4019	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation C.E.O.	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2400.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 77
	<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)  
Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Rummell Mailing Address 2538 River Road City Jacksonville State FL Zip Code 32207-4019 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 <b>Transaction ID: C11663</b> Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer St. Joe Corp. Occupation C.E.O. Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Scott A. Sanders Mailing Address 2704 Waterford Glen Court City Tallahassee State FL Zip Code 32312 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006 <b>Transaction ID: C11669</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Melissa Schulman Mailing Address 9020 Lupine Den Drive City Vienna State VA Zip Code 22182-2163 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 <b>Transaction ID: C11634</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bockorny & Petrizzo Occupation Consultant Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Scott L. Sheffield		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address 635 Chancey Lane		Transaction ID: C11606
City State Zip Code Tallahassee FL 32308-6935	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 Chancey Builders	Occupation General Contractor	
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>B.</b> Henry C. Smallwood, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 109 Westcott Circle		Transaction ID: C11613
City State Zip Code Port Saint Joe FL 32456-1639	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 St. Joe Corp.	Occupation Vice President	
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>C.</b> Javier Alberto Soto		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 3240 SW 58th Court		Transaction ID: C11610
City State Zip Code Miami FL 33155-4043	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 Dutko Poole McKinley	Occupation General Counsel	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Todd Sperry</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006
Mailing Address 7064 Atascadero Lane		<b>Transaction ID: C11676</b>
City State Zip Code Tallahassee FL 32317-8475	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B. C. E. Buddy Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2006
Mailing Address P. O. Box 227, Hwy 91		<b>Transaction ID: C11588</b>
City State Zip Code Newton GA 39870	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C. John Thrasher</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2006
Mailing Address 1303 Oaklanding Lane		<b>Transaction ID: C11655</b>
City State Zip Code Orange Park FL 32003-9017	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Southern Strategy Group Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. William J. Watson, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 1505 Thurso Road		Transaction ID: C11672
City State Zip Code Lynn Haven FL 32444	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas C. Webb</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006
Mailing Address P. O. Box 12758		Transaction ID: C11599
City State Zip Code Tallahassee FL 32317	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Developer Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul W. Wharton</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2356 Jose Cir N		Transaction ID: C11678
City State Zip Code Jacksonville FL 32217-3541	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 750.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
William W. Wier

Mailing Address 8292 Colters Crossing

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Information Requested Occupation Information Requested

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  
03 / 27 / 2006

Transaction ID: C11670

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 6672 Crooked Creek Road

City State Zip Code  
Tallahassee FL 32311-9324

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

Name of Employer Information Requested Occupation Information Requested  
Capital Insurance Agency Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: C11691

Amount of Each Receipt this Period  
125.00

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

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

Mailing Address 206 Windmark Way

City State Zip Code  
Port Saint Joe FL 32456

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2006

Transaction ID: C11584

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2475.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) A. William C. Williams, III		Date of Receipt MM / DD / YYYY 02 / 16 / 2006
Mailing Address 206 Windmark Way		Transaction ID: C11583
City Port Saint Joe	State FL	Zip Code 32456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Information Requested	Occupation Information Requested	<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 ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Leonard Wood		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 4936 Keystone Lane		Transaction ID: C11648
City Fernandina Beach	State FL	Zip Code 32034-5434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Howell & Wood Inc.	Occupation Forester	<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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Brian Yablonski		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 7073 Ox Bow Road		Transaction ID: C11667
City Tallahassee	State FL	Zip Code 32312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Joe Corp.	Occupation Consultant	<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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>53715.00</b>

**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 29 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. AKERMAN, SENTERFIT &amp; EIDSON PA - PAC</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2006
Mailing Address 255 SOUTH ORANGE AVENUE, 17th Floor PO Box 231		Transaction ID: C11591
City ORLANDO State FL Zip Code 32801	FEC ID number of contributing federal political committee. <b>C</b> C00280008	Amount of Each Receipt this Period 500.00
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 ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>B. Altria Group Inc. PAC</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2006
Mailing Address 101 Constitution Ave NW Ste 400W		Transaction ID: C11582
City Washington State DC Zip Code 20001-2155	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2500.00
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 1891 Preston White Drive		Transaction ID: C11632
City Reston State VA Zip Code 20191	FEC ID number of contributing federal political committee. <b>C</b> C00343459	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 ▼ 3500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial)  
**A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH THIRD STREET

City State Zip Code  
**MOORHEAD MN 56560**

FEC ID number of contributing federal political committee. **C C00110338**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3000.00**

Date of Receipt  
**02 / 16 / 2006**

**Transaction ID: C11578**

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 FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

Mailing Address 80 F Street NW

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt  
**03 / 31 / 2006**

**Transaction ID: C11623**

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)  
**C. AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 Seventh Street NW Suite 700

City State Zip Code  
**Washington DC 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 ▼  
**4500.00**

Date of Receipt  
**02 / 16 / 2006**

**Transaction ID: C11574**

Amount of Each Receipt this Period  
**2500.00**

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 77
	(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)  
Boyd for Congress

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

Mailing Address 1156 15TH ST NW SUITE 1101

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00167684

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  
03 / 31 / 2006

Transaction ID: C11629

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. ARENT FOX PLLC PAC (AFPAC)**

Mailing Address Arent Fox PLLC  
1050 Connecticut Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00241380

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  
03 / 31 / 2006

Transaction ID: C11628

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. BANK OF AMERICA CORPORATION POLITICAL ACTION COMMITTEE OF FLORIDA**

Mailing Address 600 PEACHTREE ST STE 1500  
PO BOX 40789

City State Zip Code  
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00094656

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  
01 / 12 / 2006

Transaction ID: C11560

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 77
	<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)  
Boyd for Congress

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

Mailing Address 1133 21st St NW  
Ste 900

City Washington State DC Zip Code 20036-3333

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

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

**Transaction ID: C11572**

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)  
Blue Dog PAC

Mailing Address PO Box 7668

City Washington State DC Zip Code 20044-7668

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID: C11585**

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)  
Build PAC, National Assoc.

Mailing Address 1201 15th St NW  
of Home Builders

City Washington State DC Zip Code 20005-2842

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID: C11635**

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P O BOX 909700		Transaction ID: C11581
City State Zip Code KANSAS CITY MO 64190	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001388		<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

Full Name (Last, First, Middle Initial) <b>B. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P O BOX 909700		Transaction ID: C11580
City State Zip Code KANSAS CITY MO 64190	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001388		<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 ▼ 6500.00	

Full Name (Last, First, Middle Initial) <b>C. EDO CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 60 E 42ND STREET SUITE 5010 SUITE 5010		Transaction ID: C11619
City State Zip Code NEW YORK NY 10165	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00329318		<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 ▼ 2500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. FEDERAL NATIONAL MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE AKA FANNIE MAE</b>		Date of Receipt
Mailing Address 3900 Wisconsin Avenue NW		M M / D D / Y Y Y Y 03 / 31 / 2006
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee.		Transaction ID: C11625
C C00393520		Amount of Each Receipt this Period
Name of Employer		1000.00
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) <b>B. Florida Health PAC</b>		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy DCC3-4		M M / D D / Y Y Y Y 03 / 27 / 2006
City	State	Zip Code
Jacksonville	FL	32246-6498
FEC ID number of contributing federal political committee.		Transaction ID: C11638
C		Amount of Each Receipt this Period
Name of Employer		2000.00
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2000.00	

Full Name (Last, First, Middle Initial) <b>C. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)</b>		Date of Receipt
Mailing Address 3190 Fairview Park Drive		M M / D D / Y Y Y Y 03 / 31 / 2006
City	State	Zip Code
Falls Church	VA	22042
FEC ID number of contributing federal political committee.		Transaction ID: C11620
C C00078451		Amount of Each Receipt this Period
Name of Employer		1000.00
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 77
	<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)  
Boyd for Congress

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

Mailing Address 236 MASSACHUSETTS AVENUE NE #508

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00415869

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 684.37

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 4 / 2 0 0 6

**Transaction ID:** C11545

Amount of Each Receipt this Period  
 684.37

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

**B.** Full Name (Last, First, Middle Initial)  
Home Depot PAC

Mailing Address 2455 Paces Ferry Rd., N.W.  
Ms. Carol B. Tome

City Atlanta State GA Zip Code 30339

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** C11633

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)  
HSBC NORTH AMERICA POLITICAL ACTION COMMITTEE (H-PAC)

Mailing Address 2700 Sanders Road

City Prospect Heights State IL Zip Code 60070

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** C11575

Amount of Each Receipt this Period  
 2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8184.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address One Thomas Circle NW Suite 400		<b>Transaction ID:</b> C11626
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00032698	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>B. INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 412 First Street SE Suite 300		<b>Transaction ID:</b> C11683
City Washington State DC Zip Code 20003	FEC ID number of contributing federal political committee. <b>C</b> C00022343	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C. LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 714 Green Valley Rd.		<b>Transaction ID:</b> C11614
City Greensboro State NC Zip Code 27408	FEC ID number of contributing federal political committee. <b>C</b> C00112888	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 37 / 77  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial)  
**A. MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE (MHI PAC)**  
 Mailing Address 2101 WILSON BLVD SUITE 610  
 City State Zip Code  
 ARLINGTON VA 22201  
 FEC ID number of contributing federal political committee. **C** C00043463  
 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  
 0 2 / 2 8 / 2 0 0 6  
**Transaction ID: C11586**  
 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. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**  
 Mailing Address 1295 State Street  
 City State Zip Code  
 Springfield MA 01111  
 FEC ID number of contributing federal political committee. **C** C00118943  
 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  
 0 1 / 1 8 / 2 0 0 6  
**Transaction ID: C11563**  
 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. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE**  
 Mailing Address 2901 Telestar Court  
 City State Zip Code  
 Falls Church VA 22042  
 FEC ID number of contributing federal political committee. **C** C00005249  
 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  
 0 3 / 2 7 / 2 0 0 6  
**Transaction ID: C11684**  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 77
	(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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 9110 EAST NICHOLS AVENUE		<b>Transaction ID: C11571</b>
City State Zip Code CENTENNIAL CO 80112	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00028787		<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 ▼ 4500.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 1015 FIFTEENTH STREET NW		<b>Transaction ID: C11579</b>
City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00034272		<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>C. NATIONAL MARINE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 444 North Capitol Street N.W. Suite 645		<b>Transaction ID: C11630</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00245548		<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 1225 NEW YORK AVE NW STE 400		Transaction ID: C11544
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00076182	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Magliocchetti Associates PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 1755 Jefferson Davis Hwy Ste 1107		Transaction ID: C11622
City Arlington State VA Zip Code 22202-3518	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00280321	<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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. PMA GROUP POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 2345 CRYSTAL DRIVE SUITE 300 Suite 1107		Transaction ID: C11576
City ARLINGTON State VA Zip Code 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00280321	<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	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 77
	<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)  
Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Progress Energy Emp. Fed. PAC Mailing Address PO Box 1510 Mr. Michael Sewell City Raleigh State NC Zip Code 27602-1510 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C11577 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>3500.00</td> </tr> </table>		3500.00																					
3500.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Progress Energy Emp. Fed. PAC Mailing Address PO Box 1510 Mr. Michael Sewell City Raleigh State NC Zip Code 27602-1510 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C11607 Amount of Each Receipt this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6	1500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
1500.00																							
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 ▼ <table border="1"> <tr> <td>3500.00</td> </tr> </table>		3500.00																					
3500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) R J Reynolds PAC Mailing Address 401 N Main St Mr. John Fish City Winston Salem State NC Zip Code 27101-3804 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C11636 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 77
	<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)  
Boyd for Congress

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

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

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  
03 / 23 / 2006

Transaction ID: C11730

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)  
RESPONSIBLE CITIZENS POLITICAL LEAGUE A PROJECT OF THE TRANS. COMM. INT'L UNION

Mailing Address 3 Research Place

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C** C00006338

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  
03 / 31 / 2006

Transaction ID: C11624

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)  
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Mailing Address 140 HOLLYWOOD BOULEVARD SW  
PO BOX 1151

City FORT WALTON BEACH State FL Zip Code 32548

FEC ID number of contributing federal political committee. **C** C00120519

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 16 / 2006

Transaction ID: C11573

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 42 / 77
	<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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Safari Club International PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1331 H St NW The Federalist Group		Transaction ID: C11637
City Washington State DC Zip Code 20005-4703	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<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 ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 11600 SALLIE MAE DRIVE		Transaction ID: C11627
City RESTON State VA Zip Code 20193	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00331835	<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>C. SCHERING - PLOUGH CORPORATION BETTER GOVERNMENT FUND</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 1 GIRALDA FARM		Transaction ID: C11589
City MADISON State NJ Zip Code 07940	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00108290	<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 ▼ 5000.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 77
	<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)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
SWISHER INTERNATIONAL INC PAC FUND

Mailing Address 459 EAST 16TH STREET

City JACKSONVILLE State FL Zip Code 32206

FEC ID number of contributing federal political committee. **C** C00312785

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  
03 / 27 / 2006

**Transaction ID:** C11639

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)  
TECO Energy, Inc.

Mailing Address 702 N Franklin St Employees' PAC

City Tampa State FL Zip Code 33602-4429

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** C11631

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)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 First St. SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** C11621

Amount of Each Receipt this Period  
2500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 77
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC

Mailing Address 9800 Fredericksburg Road  
ROOM 501

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

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  
0 1 / 1 2 / 2 0 0 6

**Transaction ID:** C11562

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)  
USA RICE FEDERATION PAC

Mailing Address 4301 North Fairfax Drive Suite 425

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00308478

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  
0 3 / 2 3 / 2 0 0 6

**Transaction ID:** C11731

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	68184.37

# 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 45 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11569	
City Tallahassee	State FL	Amount of Each Receipt this Period 1.81	
Zip Code 32302-0900		<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			
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 ▼ 6605.47		

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11570	
City Tallahassee	State FL	Amount of Each Receipt this Period 711.06	
Zip Code 32302-0900		<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			
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 ▼ 6605.47		

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11734	
City Tallahassee	State FL	Amount of Each Receipt this Period 643.29	
Zip Code 32302-0900		<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			
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 ▼ 6605.47		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1356.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 77
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11735	
City Tallahassee	State FL	Zip Code 32302-0900	Amount of Each Receipt this Period 1.54
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6605.47		

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11737	
City Tallahassee	State FL	Zip Code 32302-0900	Amount of Each Receipt this Period 751.76
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6605.47		

Full Name (Last, First, Middle Initial) Capital City Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address PO Box 900		Transaction ID: C11736	
City Tallahassee	State FL	Zip Code 32302-0900	Amount of Each Receipt this Period 3.42
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6605.47		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	756.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2112.88

# 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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Advanced Business Systems</b>		<b>Transaction ID:</b> D4206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 1236 N Monroe Street		Amount of Each Disbursement this Period 8.49
City Tallahassee State FL Zip Code 32303-6149	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. All Tech Southeast</b>		<b>Transaction ID:</b> D4164 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address 190 Corporate Court		Amount of Each Disbursement this Period 500.00
City Quincy State FL Zip Code 32351	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Settlement Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alltel</b>		<b>Transaction ID:</b> D4163 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address PO Box 96019		Amount of Each Disbursement this Period 296.70
City Charlotte State NC Zip Code 28296-0019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Bill- Campaign	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	805.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 77

<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)  
Boyd for Congress

<b>A.</b> Alltel Full Name (Last, First, Middle Initial) Mailing Address PO Box 96019 City Charlotte State NC Zip Code 28296-0019 Purpose of Disbursement Cell Bill- Campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D4180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 103.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B.</b> Alltel Full Name (Last, First, Middle Initial) Mailing Address PO Box 96019 City Charlotte State NC Zip Code 28296-0019 Purpose of Disbursement Cell Bill- Campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D4214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 294.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C.</b> Betsy Barfield Photography Full Name (Last, First, Middle Initial) Mailing Address 387 de Sercey Road City Monticello State FL Zip Code 32344 Purpose of Disbursement Photography Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D4201 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 228.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	626.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hurley Booth		<b>Transaction ID:</b> D4267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 630 Chancey Lane		Amount of Each Disbursement this Period 900.00	
City Tallahassee State FL Zip Code 32308-6935	Purpose of Disbursement Food and Beverage for Event	<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) ▼	* in-kind received	

<b>B.</b> Full Name (Last, First, Middle Initial) F. Allen Boyd, Jr.		<b>Transaction ID:</b> D4166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 65.00	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement Travel	<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) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) F. Allen Boyd, Jr.		<b>Transaction ID:</b> D4170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 281.58	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement Supplies for Fundraiser	<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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1246.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Budget Storage</b> Full Name (Last, First, Middle Initial) Mailing Address 2816 Joel Brown Drive City Tallahassee State FL Zip Code 32301-3584 Purpose of Disbursement Storage- April, June Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4195</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 112.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Capital City Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 900 City Tallahassee State FL Zip Code 32302-0900 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4155</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Capital City Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 900 City Tallahassee State FL Zip Code 32302-0900 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4244</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	172.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Capital City Bank</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 900 City Tallahassee State FL Zip Code 32302-0900 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4259</b> Date of Disbursement 03 / 14 / 2006 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Comcast</b> Full Name (Last, First, Middle Initial) Mailing Address 3760 Hartsfield Road City Tallahassee State FL Zip Code 32303-1121 Purpose of Disbursement Cable 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) ▼		<b>Transaction ID: D4194</b> Date of Disbursement 03 / 06 / 2006 Amount of Each Disbursement this Period 112.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Comcast</b> Full Name (Last, First, Middle Initial) Mailing Address 3760 Hartsfield Road City Tallahassee State FL Zip Code 32303-1121 Purpose of Disbursement Cable 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) ▼		<b>Transaction ID: D4212</b> Date of Disbursement 03 / 26 / 2006 Amount of Each Disbursement this Period 80.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	223.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. CopySmith Printing &amp; Copying</b>		<b>Transaction ID: D4203</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 1180 Apalachee Pkwy		Amount of Each Disbursement this Period 98.90
City Tallahassee State FL Zip Code 32301-4590	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CopySmith Printing &amp; Copying</b>		<b>Transaction ID: D4205</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 1180 Apalachee Pkwy		Amount of Each Disbursement this Period 267.41
City Tallahassee State FL Zip Code 32301-4590	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Davey Consulting</b>		<b>Transaction ID: D4167</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3545.95
City Fairfax Station State VA Zip Code 22039-3216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Retainer & Phone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3912.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Davey Consulting</b>		<b>Transaction ID: D4184</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3545.95
City Fairfax Station State VA Zip Code 22039-3216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Retainer & Phone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Davey Consulting</b>		<b>Transaction ID: D4209</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6
Mailing Address 8390 Crosslake Dr		Amount of Each Disbursement this Period 3545.95
City Fairfax Station State VA Zip Code 22039-3216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Retainer & Phone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: D4176</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 177.36
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7269.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4182</b> Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 31.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Federal Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Shipping Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4202</b> Date of Disbursement 03 / 23 / 2006 Amount of Each Disbursement this Period 9.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Florida Restaurant &amp; Lodging Association</b> Full Name (Last, First, Middle Initial) Mailing Address 230 S. Adams Street City Tallahassee State FL Zip Code 32301 Purpose of Disbursement Room Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4181</b> Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	290.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Kingsmill Resort</b> Full Name (Last, First, Middle Initial) Mailing Address 1010 Kingsmill Rd City Williamsburg State VA Zip Code 23185-5576 Purpose of Disbursement Refund of Lodging Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4245</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period -425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Messer Caparello and Self</b> Full Name (Last, First, Middle Initial) Mailing Address 215 S Monroe St PO Box 1876 City Tallahassee State FL Zip Code 32301-1839 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4165</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 5463.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Messer Caparello and Self</b> Full Name (Last, First, Middle Initial) Mailing Address 215 S Monroe St PO Box 1876 City Tallahassee State FL Zip Code 32301-1839 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4179</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 135.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5173.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Messer Caparello and Self</b> Full Name (Last, First, Middle Initial) Mailing Address 215 S Monroe St PO Box 1876 City Tallahassee State FL Zip Code 32301-1839 Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4199</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 112.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. NGP Software</b> Full Name (Last, First, Middle Initial) Mailing Address 1101 Vermont Avenue, Suite 710 City Washington State DC Zip Code 20005 Purpose of Disbursement Software and Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4200</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Summit East</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Summit Lake Drive City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Office Rent 01/2006 and 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) ▼		<b>Transaction ID: D4161</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 717.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	979.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Summit East</b> Full Name (Last, First, Middle Initial) Summit East Mailing Address 1700 Summit Lake Drive City Tallahassee State FL Zip Code 32317 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) ▼		<b>Transaction ID: D4198</b> Date of Disbursement 03 / 06 / 2006 Amount of Each Disbursement this Period 3.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Summit East</b> Full Name (Last, First, Middle Initial) Summit East Mailing Address 1700 Summit Lake Drive City Tallahassee State FL Zip Code 32317 Purpose of Disbursement Office Rent 02/06 & 03/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4204</b> Date of Disbursement 03 / 22 / 2006 Amount of Each Disbursement this Period 1430.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. United States Post Office</b> Full Name (Last, First, Middle Initial) United States Post Office Mailing Address 1300 Centerville Road City Tallahassee State FL Zip Code 32308 Purpose of Disbursement P. O. Box Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4162</b> Date of Disbursement 01 / 12 / 2006 Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1501.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Valarie Watson</b>		<b>Transaction ID: D4183</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 573.21
City Tallahassee State FL Zip Code 32303-6320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage & Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Valarie Watson</b>		<b>Transaction ID: D4207</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 578.68
City Tallahassee State FL Zip Code 32303-6320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage & Office 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:		

Full Name (Last, First, Middle Initial) <b>C. FABJ, Inc.</b>		<b>Transaction ID: D4158</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 6215.00
City Greenville State FL Zip Code 32331-6916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7366.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Carmen Cummings</b>		<b>Transaction ID:</b> D4156 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address 6738 Donerail Trail		Amount of Each Disbursement this Period 1103.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Tallahassee State FL Zip Code 32309-1602	Category/Type	
Purpose of Disbursement Payroll & Taxes 1/1-1/31/06 Candidate Name		Amount of Each Disbursement this Period 145.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FABJ, Inc.</b>		<b>Transaction ID:</b> D4159 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 4965.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Greenville State FL Zip Code 32331-6916	Category/Type	
Purpose of Disbursement Payroll Processing Fee Candidate Name		Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Valarie Watson</b>		<b>Transaction ID:</b> D4157 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Tallahassee State FL Zip Code 32303-6320	Category/Type	
Purpose of Disbursement Payroll & Taxes 1/1-1/31/06 Candidate Name		Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. F. Allen Boyd, Jr.</b>		<b>Transaction ID: D4168</b> Date of Disbursement 02 / 09 / 2006	
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 316.99	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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>B. Delta Airlines</b>		<b>Transaction ID: D4250</b> Date of Disbursement 02 / 09 / 2006	
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 70.00	
City Atlanta State GA Zip Code 30301	Purpose of Disbursement Air Travel	<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 <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		<b>Transaction ID: D4249</b> Date of Disbursement 02 / 09 / 2006	
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 70.00	
City Atlanta State GA Zip Code 30301	Purpose of Disbursement Air Travel	<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 <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	316.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> D4171 Date of Disbursement 02 / 14 / 2006
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 240.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale	State FL	
Zip Code 33329-7885		
Purpose of Disbursement CREDIT CARD: SEE BELOW		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		<b>Transaction ID:</b> D4261 Date of Disbursement 02 / 14 / 2006
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 240.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Atlanta	State GA	
Zip Code 30301		
Purpose of Disbursement Air Travel		
Candidate Name		Category/Type
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>C. USAA Visa</b>		<b>Transaction ID:</b> D4173 Date of Disbursement 02 / 23 / 2006
Mailing Address 10750 McDermott Fwy		Amount of Each Disbursement this Period 365.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio	State TX	
Zip Code 78288-0002		
Purpose of Disbursement CREDIT CARD: SEE BELOW		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	605.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<p><b>A. Clydes &amp; Costellos</b></p> <p>Full Name (Last, First, Middle Initial) Clydes &amp; Costellos</p> <p>Mailing Address 210 S Adams Street</p> <p>City Tallahassee State FL Zip Code 32301-1733</p> <p>Purpose of Disbursement Gift Certificate</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><b>Transaction ID: D4187</b> Date of Disbursement 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B. Fandango.com</b></p> <p>Full Name (Last, First, Middle Initial) Fandango.com</p> <p>Mailing Address GET ADDRESS</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Gifts</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><b>Transaction ID: D4186</b> Date of Disbursement 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 180.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C. Fandango.com</b></p> <p>Full Name (Last, First, Middle Initial) Fandango.com</p> <p>Mailing Address GET ADDRESS</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Gifts</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><b>Transaction ID: D4185</b> Date of Disbursement 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 160.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. FABJ, Inc.</b>		<b>Transaction ID: D4174</b> Date of Disbursement 02 / 23 / 2006
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 6215.00
City Greenville State FL Zip Code 32331-6916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL: SEE BELOW	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>B. Carmen Cummings</b>		<b>Transaction ID: D4191</b> Date of Disbursement 02 / 23 / 2006
Mailing Address 6738 Donerail Trail		Amount of Each Disbursement this Period 1103.50
City Tallahassee State FL Zip Code 32309-1602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll & Taxes 2/1-2/28/06	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FABJ, Inc.</b>		<b>Transaction ID: D4175</b> Date of Disbursement 02 / 23 / 2006
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 145.75
City Greenville State FL Zip Code 32331-6916	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Processing Fee	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6215.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Valarie Watson</b>		Transaction ID: D4192 Date of Disbursement 02 / 23 / 2006
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 4965.75
City Tallahassee State FL Zip Code 32303-6320	Purpose of Disbursement Payroll & Taxes 2/1-2/28/06 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Elan Financial Services</b>		Transaction ID: D4177 Date of Disbursement 02 / 08 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 166.14
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement CREDIT CARD: SEE BELOW 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Disney Resort Hotel</b>		Transaction ID: D4190 Date of Disbursement 02 / 08 / 2006
Mailing Address 2305 Hotel Plaza Blvd		Amount of Each Disbursement this Period 166.14
City Orlando State FL Zip Code 32830-8439	Purpose of Disbursement Lodging 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	166.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Elan Financial Services</b>		<b>Transaction ID: D4178</b> Date of Disbursement 02 / 08 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 64.89
City Saint Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	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>B. Conference Call Com</b>		<b>Transaction ID: D4188</b> Date of Disbursement 02 / 08 / 2006
Mailing Address 1445 Mac Arthur Drive, #124		Amount of Each Disbursement this Period 40.99
City Carrollton State TX Zip Code 75007-4461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Conference Calls	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. F. Allen Boyd, Jr.</b>		<b>Transaction ID: D4193</b> Date of Disbursement 02 / 14 / 2006
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 1352.24
City Tallahassee State FL Zip Code 32317-5703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1417.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: D4260 Date of Disbursement 02 / 14 / 2006
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 824.34
City Fort Lauderdale State FL Zip Code 33329-7885	Purpose of Disbursement Prepayment of Statement 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Transaction ID: D4220 Date of Disbursement 02 / 14 / 2006
Mailing Address Int'l Airport Dr		Amount of Each Disbursement this Period 379.90
City Atlanta State GA Zip Code 30301	Purpose of Disbursement Air Travel 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Elan Financial Services</b>		Transaction ID: D4196 Date of Disbursement 03 / 06 / 2006
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 1190.89
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement CREDIT CARD:SEE BELOW 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1190.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Alamo Rent-A-Car</b> Full Name (Last, First, Middle Initial) Mailing Address 3230 Capital Circle SW City Tallahassee State FL Zip Code 32310 Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4226</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 255.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Conference Call Com</b> Full Name (Last, First, Middle Initial) Mailing Address 1445 Mac Arthur Drive, #124 City Carrollton State TX Zip Code 75007-4461 Purpose of Disbursement Conference Calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4229</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 134.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Elan Financial Services</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement Late Payment Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4231</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Elan Financial Services</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement Finance Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4234</b> Date of Disbursement 02 / 08 / 2006 Amount of Each Disbursement this Period 4.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Kingsmill Resort</b> Full Name (Last, First, Middle Initial) Mailing Address 1010 Kingsmill Rd City Williamsburg State VA Zip Code 23185-5576 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4227</b> Date of Disbursement 02 / 01 / 2006 Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. United States Post Office</b> Full Name (Last, First, Middle Initial) Mailing Address 1300 Centerville Road City Tallahassee State FL Zip Code 32308 Purpose of Disbursement Stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4233</b> Date of Disbursement 02 / 07 / 2006 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Elan Financial Services</b>		<b>Transaction ID:</b> D4197 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 41.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Elan Financial Services</b>		<b>Transaction ID:</b> D4221 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement Late Payment Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Elan Financial Services</b>		<b>Transaction ID:</b> D4222 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 6.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement Finance Charges 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	41.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. F. Allen Boyd, Jr.</b>		<b>Transaction ID: D4208</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address P. O. Box 15703		Amount of Each Disbursement this Period 1695.71	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<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>B. Kingsmill Resort</b>		<b>Transaction ID: D4236</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 1010 Kingsmill Rd		Amount of Each Disbursement this Period 1675.00	
City Williamsburg State VA Zip Code 23185-5576	Purpose of Disbursement Lodging	<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 <b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Kingsmill Resort</b>		<b>Transaction ID: D4235</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6	
Mailing Address 1010 Kingsmill Rd		Amount of Each Disbursement this Period 20.71	
City Williamsburg State VA Zip Code 23185-5576	Purpose of Disbursement Meals	<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 <b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1695.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> D4210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6
Mailing Address PO Box 297885		Amount of Each Disbursement this Period 1452.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33329-7885	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Le Bon Cafe</b>		<b>Transaction ID:</b> D4262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 1310 Braddock Place		Amount of Each Disbursement this Period 1452.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elan Financial Services</b>		<b>Transaction ID:</b> D4211 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 6
Mailing Address PO Box 790408		Amount of Each Disbursement this Period 160.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0408	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1612.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

<b>A. Elan Financial Services</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement Finance Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4243</b> Date of Disbursement 03 / 13 / 2006 Amount of Each Disbursement this Period 12.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Hertz Rent A Car</b> Full Name (Last, First, Middle Initial) Mailing Address National Airport City Washington State DC Zip Code 20001 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4241</b> Date of Disbursement 03 / 07 / 2006 Amount of Each Disbursement this Period 360.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Elan Financial Services</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 790408 City Saint Louis State MO Zip Code 63179-0408 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D4213</b> Date of Disbursement 03 / 26 / 2006 Amount of Each Disbursement this Period 337.95 <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) ..... ▶

337.95

**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)  
Boyd for Congress

<p><b>A. Disney Resort Hotel</b></p> <p>Full Name (Last, First, Middle Initial) Disney Resort Hotel</p> <p>Mailing Address 2305 Hotel Plaza Blvd</p> <p>City Orlando State FL Zip Code 32830-8439</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D4255</b> Date of Disbursement 03 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 166.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B. Elan Financial Services</b></p> <p>Full Name (Last, First, Middle Initial) Elan Financial Services</p> <p>Mailing Address PO Box 790408</p> <p>City Saint Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Finance Charge</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><b>Transaction ID: D4257</b> Date of Disbursement 03 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 5.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C. FABJ, Inc.</b></p> <p>Full Name (Last, First, Middle Initial) FABJ, Inc.</p> <p>Mailing Address 806 Quitman Hwy N</p> <p>City Greenville State FL Zip Code 32331-6916</p> <p>Purpose of Disbursement PAYROLL: SEE BELOW</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><b>Transaction ID: D4215</b> Date of Disbursement 03 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 6215.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>6215.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. Carmen Cummings</b>		Transaction ID: D4218 Date of Disbursement 03 / 31 / 2006
Mailing Address 6738 Donerail Trail		Amount of Each Disbursement this Period 1103.50
City Tallahassee State FL Zip Code 32309-1602	Purpose of Disbursement Payroll & Taxes 3/2006 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. FABJ, Inc.</b>		Transaction ID: D4216 Date of Disbursement 03 / 31 / 2006
Mailing Address 806 Quitman Hwy N		Amount of Each Disbursement this Period 145.75
City Greenville State FL Zip Code 32331-6916	Purpose of Disbursement Payroll Processing Fee 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Valarie Watson</b>		Transaction ID: D4217 Date of Disbursement 03 / 31 / 2006
Mailing Address 520 Beard St		Amount of Each Disbursement this Period 4965.75
City Tallahassee State FL Zip Code 32303-6320	Purpose of Disbursement Payroll & Taxes 3/2006 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	49382.91

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 77

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

Full Name (Last, First, Middle Initial) <b>A. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: D4263</b> Date of Disbursement 03 / 29 / 2006
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 1000.00
City EVANSVILLE State IN Zip Code 47708	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HAROLD FORD JR FOR TENNESSEE</b>		<b>Transaction ID: D4266</b> Date of Disbursement 03 / 29 / 2006
Mailing Address 5120 Barry Road SUITE 1300		Amount of Each Disbursement this Period 1000.00
City Memphis State TN Zip Code 38117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HEATH SHULER FOR CONGRESS</b>		<b>Transaction ID: D4265</b> Date of Disbursement 03 / 29 / 2006
Mailing Address PO BOX 97		Amount of Each Disbursement this Period 1000.00
City HAZELWOOD State NC Zip Code 28738	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boyd for Congress

**A.** Full Name (Last, First, Middle Initial)  
The National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
Annual Dues  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D4160  
Date of Disbursement  
01 / 12 / 2006

Amount of Each Disbursement this Period  
275.00

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

**B.** Full Name (Last, First, Middle Initial)  
TINKLENBERG FOR CONGRESS

Mailing Address PO BOX 49787

City BLAINE State MN Zip Code 55449

Purpose of Disbursement  
Campaign Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: MN District: 06

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** D4264  
Date of Disbursement  
03 / 29 / 2006

Amount of Each Disbursement this Period  
1000.00

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

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

1275.00

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

4275.00

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

(Use separate schedule(s) for each numbered line)	PAGE 77 / 77	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Boyd for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Plante & Associates, Inc.	Nature of Debt (Purpose): research
Mailing Address 1503 Viewmont Dr	
City State ZIP Code Charleston WV 25302-2441	

Outstanding Balance Beginning This Period	<b>Transaction ID: D479</b>	
2000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	2000.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	