

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 APR 13 P 3:13  
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

RONNIE G. FLIPPO COMMITTEE

ADDRESS (number and street)

P.O. DRAWER B

Check if different than previously reported. (ACC)

FLORENCE

AL

35631

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AL

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ANDREW P. PARKHURST, TREASURER

Signature of Treasurer

*Andrew P. Parkhurst*

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

26039042946

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

**RONNIE G. FLIPPO COMMITTEE**

Report Covering the Period: From: 

M	M
0	1

 / 

D	S	B
0	1	

 / 

Y	V	V	V	V	V
2	0	0	6		

 To: 

M	M
0	3

 / 

D	S	B
3	1	

 / 

Y	V	V	V	V	V
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))...		
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....		
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6 0 0 0 0	6 0 0 0 0
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	6 0 0 0 0	6 0 0 0 0
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	4 1 2 9 9 7 6 8	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		

**For further information contact:**

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

26039042947

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**RONNIE G. FLIPPO COMMITTEE**

Report Covering the Period: From: 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	0	6		

 To: 

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		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).....

(ii) Unitemized.....

(iii) **TOTAL** of contributions from individuals ..... **▶**

(b) Political Party Committees.....

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

(d) The Candidate.....

(e) **TOTAL CONTRIBUTIONS** (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

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

**13. LOANS:**

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

(b) All Other Loans.....

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

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

**15. OTHER RECEIPTS** (Dividends, Interest, **Market Increase**).....

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

	1 8 4 6 1 1	1 8 4 6 1 1
	1 8 4 6 1 1	1 8 4 6 1 1

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES .....

6,000.00

6,000.00

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

19. LOAN REPAYMENTS:  
(a) Of Loans Made or Guaranteed  
by the Candidate .....

(b) Of All Other Loans .....

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)) .....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

(b) Political Party Committees .....

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

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)) .....

21. OTHER DISBURSEMENTS .....

5,500.00

5,500.00

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

6,100.00

6,100.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....

4,172,515.7

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) .....

1,846,111

25. SUBTOTAL (add Line 23 and Line 24) .....

4,190,976.8

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....

6,100,000

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25) .....

4,129,976.8

25039042649

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 1 OF 1	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input checked="" 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)  
**RONNIE G. FLIPPO COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Citigroup Global**

Mailing Address  
**210 South Pine Street**

City State Zip Code  
**Florence AL 35630**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
03 / 31 / 2006

Amount of Each Receipt this Period  
**184611**

**MARKET INCREASE/(DECREASE)**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

**TOTAL** This Period (last page this line number only).....▶ **184611**

26039042950

**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 1 OF 1	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)  
**RONNIE G. FLIPPO COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Parkhurst &amp; Norvell</b>		Date of Disbursement 11 / 17 / 2006
Mailing Address <b>2009 Darby Drive</b>		Amount of Each Disbursement this Period 600.00
City <b>Florence</b>	State <b>AL</b>	
Zip Code <b>35630</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement		
Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City		Amount of Each Disbursement this Period
State		
Zip Code		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City		Amount of Each Disbursement this Period
State		
Zip Code		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	60000
TOTAL This Period (last page this line number only).....	60000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**RONNIE G. FLIPPO COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Committee to Elect Sue Bell Cobb**

Mailing Address  
**P.O. Box 309**

City **Montgomery** State **AL** Zip Code **36101**

Purpose of Disbursement  
**Campaign Contribution** 0 1 1  
Category/Type

Candidate Name  
**Sue Bell Cobb**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: **AL** District: **SUPREME COURT - ALABAMA**

Date of Disbursement  
0 1 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period  
1 0 0 0 0 0

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

Full Name (Last, First, Middle Initial)  
**B. Defend America PAC**

Mailing Address  
**P.O. Box 2626**

City **Tuscaloosa** State **AL** Zip Code **35403**

Purpose of Disbursement  
**Multi-Candidate PAC-Campaign Contribution** 0 1 1  
Category/Type

Candidate Name

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

Date of Disbursement  
0 2 / 0 7 / 2 0 0 6

Amount of Each Disbursement this Period  
3 0 0 0 0 0

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

Full Name (Last, First, Middle Initial)  
**C. Terry Everett for Congress**

Mailing Address  
**P.O. Box 1828**

City **Dothan** State **AL** Zip Code **36302**

Purpose of Disbursement  
**Campaign Contribution** 0 1 1  
Category/Type

Candidate Name  
**Terry Everett**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: **AL** District: **2nd**

Date of Disbursement  
0 3 / 2 1 / 2 0 0 6

Amount of Each Disbursement this Period  
1 0 0 0 0 0

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

**SUBTOTAL** of Disbursements This Page (optional) 5 0 0 0 0 0

**TOTAL** This Period (last page this line number only) 5 0 0 0 0 0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

**RONNIE G. FLIPPO COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Pamela Robinson Higgins for Campaign**

Mailing Address  
P.O. Box 1143

City: **Montgomery** State: **AL** Zip Code: **36101**

Purpose of Disbursement  
**Campaign Contribution**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **AL** District:

**JUDGESHIP - CIRCUIT COURT**

Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

500.00

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

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional).....▶

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

5500.00

26039042953



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>4-14-06</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMN* *4-17-06*  
 PREPARER DATE PREPARED

26036042954