

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO BOX 902  
 Check if different than previously reported. (ACC)  
GAINESVILLE GA 30503

2. **FEC IDENTIFICATION NUMBER** C00263608  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
GA 09

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

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

5. Covering Period 01 01 2009 through 03 31 2009

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 GAIL T. MUSSELWHITE  
Signature of Treasurer Electronically Filed by GAIL T. MUSSELWHITE Date 04 15 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

NATHAN DEAL FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	61000.00	61000.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61000.00	61000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	152944.82	181162.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	3236.00	3236.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	149708.82	177926.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	133804.29	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
NATHAN DEAL FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**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).....

1000.00

1000.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

1000.00

1000.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

60000.00

60000.00

(d) The Candidate.....

0.00

0.00

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

61000.00

61000.00

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.).....

3236.00

3236.00

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

0.00

0.00

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

64236.00

64236.00

**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.....	152944.82	181162.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	4250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	152944.82	185412.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	222513.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	64236.00
25. SUBTOTAL (add Line 23 and Line 24).....	286749.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	152944.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	133804.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 52
	<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)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ACP Services PAC		Date of Receipt
	Mailing Address 25 Massachusetts Ave #700		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20001-7401
	FEC ID number of contributing federal political committee. <b>C</b> C00403881		<b>Transaction ID:</b> 90413.C12714
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="2500.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Americas Health Insurance Plans		Date of Receipt
	Mailing Address AHIP PAC 601 Pennsylvania Avenue #500		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee. <b>C</b> C00106740		<b>Transaction ID:</b> 90413.C12741
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1500.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) American Academy Family Physicians		Date of Receipt
	Mailing Address Political Action Committee 2023 Massachusetts Avenue NW		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20036-1011
	FEC ID number of contributing federal political committee. <b>C</b> C00411553		<b>Transaction ID:</b> 90413.C12737
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="2500.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	<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) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<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)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) American College of	Date of Receipt
	Mailing Address Cardiology PAC 2400 N Street, NW	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20037	<b>Transaction ID:</b> 90413.C12733
	FEC ID number of contributing federal political committee. <input type="text" value="C00375360"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) American College of Radiology Assoc	Date of Receipt
	Mailing Address Political Action Committee 1891 Preston White Drive	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Reston State VA Zip Code 20191	<b>Transaction ID:</b> 90413.C12716
	FEC ID number of contributing federal political committee. <input type="text" value="C00343459"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) American College of Surgeons	Date of Receipt
	Mailing Address ACSPA-Surgeons PAC 1640 Wisconsin Avenue, NW	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20007	<b>Transaction ID:</b> 90413.C12707
	FEC ID number of contributing federal political committee. <input type="text" value="C00382424"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**NATHAN DEAL FOR CONGRESS**

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

Mailing Address **American Psychiatric Association**  
**1000 Wilson Blvd, #1825**

City **Arlington** State **VA** Zip Code **22209-3901**

FEC ID number of contributing federal political committee. **C C00373696**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **03 / 31 / 2009**  
**Transaction ID: 90413.C12744**  
 Amount of Each Receipt this Period **1000.00**

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

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

Mailing Address **520 N. Northwest Highway**

City **Park Ridge** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt **03 / 09 / 2009**  
**Transaction ID: 90413.C12717**  
 Amount of Each Receipt this Period **2500.00**

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

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

Mailing Address **American Society for Therapeutic R**  
**8280 Willow Oaks Corporate Drive**

City **Fairfax** State **VA** Zip Code **22031**

FEC ID number of contributing federal political committee. **C C00384602**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **03 / 09 / 2009**  
**Transaction ID: 90413.C12715**  
 Amount of Each Receipt this Period **1000.00**

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

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial) AT&T Inc		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address Federal PAC 208 S Akard Street, #3521		Transaction ID: 90413.C12730
City Dallas	State TX	Zip Code 75202
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) AT&T Inc		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address Federal PAC 208 S Akard Street, #3521		Transaction ID: 90413.C12742
City Dallas	State TX	Zip Code 75202
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) B & D PAC		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 300 N Meridan St #2700		Transaction ID: 90413.C12724
City Indianapolis	State IN	Zip Code 46204
FEC ID number of contributing federal political committee. <b>C</b> C00386904		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <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) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Blue Shield of California PAC

Mailing Address 1215 K Street, #2010

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** 90413.C12712

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address American Academy of Neurology Professional Association

City State Zip Code  
Saint Paul MN 55116

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 90413.C12713

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bryan Cave LLP Political Fund

Mailing Address 700 13th Street, NW #700

City State Zip Code  
Washington DC 20005-6619

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 90413.C12743

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CareMark RX Inc

Mailing Address Employees PAC  
2211 Sanders Road

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 90413.C12720  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Coca-Cola Company

Mailing Address Nonpartisan Committee For  
Good Government

City Atlanta State GA Zip Code 30301

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 90413.C12728  
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address The Wireless Associaton  
1400 16th Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 90413.C12726  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Express Scripts Inc PAC

Mailing Address One Express Way

City State Zip Code  
Saint Louis MO 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 90413.C12721

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 1776 Eye Street, NW #890

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 90413.C12735

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 591 Redwood Highway  
Bldg 4000

City State Zip Code  
Mill Valley CA 94941

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2009

**Transaction ID:** 90413.C12708

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Molina Healthcare Inc. PAC

Mailing Address One Golden Shore Drive

City State Zip Code  
Long Beach CA 90802

FEC ID number of contributing federal political committee. **C** C00430256

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 90413.C12722

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Association of Health

Mailing Address Underwriters PAC  
2000 North 14th Street , #450

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2009

**Transaction ID:** 90413.C12711

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 1015 Fifteenth Street, NW  
Suite 930

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90413.C12740

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
National Community

Mailing Address Pharmacist Association  
100 Daingerfield Road

City Alexandria State VA Zip Code 22314-2888

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12732

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address American Academy of Ophthalmology  
1101 Vermont Avenue, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 90413.C12738

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1350 I Street NW  
Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12729

Amount of Each Receipt this Period  
2500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Pharmaceutical Care Management

Mailing Address PCMA PAC  
601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00388819

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** 90413.C12709

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Physician Hospitals of America

Mailing Address Political Action Committee  
2600 S Minnesota #202

City Sioux Falls State SD Zip Code 57105

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12731

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RJR Political Action Committee

Mailing Address PO Box 718  
401 N. Main Street

City Winston-Salem State NC Zip Code 27102

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 90413.C12739

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

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

Mailing Address 1350 I Street, NW  
Suite 880

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 90413.C12725

Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Society of Thoracic Surgeons

Mailing Address Political Action Committee  
1025 Connecticut Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 90413.C12736

Amount of Each Receipt this Period 1500.00

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

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

Mailing Address United Health Group  
701 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 90413.C12710

Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Universal American Financial

Mailing Address Corp. PAC  
6 International Drive

City Port Chester State NY Zip Code 10573

FEC ID number of contributing federal political committee. **C** C00433029

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12727

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address WELLPAC  
120 Monument Circle

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12734

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 4001 Rodney Parham Road

City Little Rock State AR Zip Code 72212

FEC ID number of contributing federal political committee. **C** C00425975

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 90413.C12723

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

**TOTAL** This Period (last page this line number only) ..... ► 60000.00



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

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

FOR LINE NUMBER: PAGE 17 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Andrew Ehrlich

Mailing Address 2403 Davis Avenue

City State Zip Code  
Alexandria VA 22302

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

Name of Employer B&D Consulting      Occupation Sr. Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 90413.C12718

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2208 S Columbus Street

City State Zip Code  
Arlington VA 22206

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

Name of Employer B&D Consulting      Occupation Sr. Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 90413.C12719

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ► **1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 52	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Nathan Deal		Date of Receipt
	Mailing Address 3685 Nopone Road		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Gainesville	GA	30506-
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation	Transaction ID: 90413.C12706
		Congressman	
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3236.00"/>	<input type="text" value="3236.00"/>
			Offsets to Operating Expenditure
			<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) .....	<input type="text" value="3236.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3236.00"/>

# 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)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T			<b>Transaction ID:</b> 90413.E7215	
	Mailing Address P.O. Box 598011			Date of Disbursement 01 / 05 / 2009	
	City Orlando	State FL	Zip Code 32859-	Amount of Each Disbursement this Period 192.33	
	Purpose of Disbursement TELEPHONE		Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T			<b>Transaction ID:</b> 90413.E7214	
	Mailing Address P.O. Box 598011			Date of Disbursement 01 / 05 / 2009	
	City Orlando	State FL	Zip Code 32859-	Amount of Each Disbursement this Period 29.39	
	Purpose of Disbursement TELEPHONE		Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T			<b>Transaction ID:</b> 90413.E7216	
	Mailing Address P.O. Box 598011			Date of Disbursement 02 / 02 / 2009	
	City Orlando	State FL	Zip Code 32859-	Amount of Each Disbursement this Period 192.04	
	Purpose of Disbursement TELEPHONE		Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE	
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) ..... ▶

413.76

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address P.O. Box 598011</p> <p>City Orlando State FL Zip Code 32859-</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7217</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.39"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address P.O. Box 598011</p> <p>City Orlando State FL Zip Code 32859-</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7219</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="192.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address P.O. Box 598011</p> <p>City Orlando State FL Zip Code 32859-</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7218</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>

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

**250.93**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 52

<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)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) At&amp;t Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7228</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 45.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) At&amp;t Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7229</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 130.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) At&amp;t Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7230</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 120.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>

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

297.22

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) At&t Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197-6463 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7232 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 130.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) At&t Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197-6463 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7231 Date of Disbursement 03 / 03 / 2009 Amount of Each Disbursement this Period 45.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
<b>C.</b>	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia Mailing Address 643 E E Butler Parkway PO Box 2397 City Gainesville State GA Zip Code 30503- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7212 Date of Disbursement 01 / 05 / 2009 Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	197.24
<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)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia	Transaction ID: 90413.E7234 Date of Disbursement 02 / 03 / 2009
	Mailing Address 643 E E Butler Parkway PO Box 2397	Amount of Each Disbursement this Period 21.00
	City Gainesville State GA Zip Code 30503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

B.	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia	Transaction ID: 90413.E7210 Date of Disbursement 02 / 16 / 2009
	Mailing Address 643 E E Butler Parkway PO Box 2397	Amount of Each Disbursement this Period 3539.52
	City Gainesville State GA Zip Code 30503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYROLL TAX	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAX

C.	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia	Transaction ID: 90413.E7248 Date of Disbursement 03 / 03 / 2009
	Mailing Address 643 E E Butler Parkway PO Box 2397	Amount of Each Disbursement this Period 27.12
	City Gainesville State GA Zip Code 30503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3587.64</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)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia <hr/> Mailing Address 643 E E Butler Parkway PO Box 2397 <hr/> City Gainesville State GA Zip Code 30503- <hr/> Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7233 Date of Disbursement 03 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 21.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEE
B.	Full Name (Last, First, Middle Initial) Chattahoochee Bank of Georgia <hr/> Mailing Address 643 E E Butler Parkway PO Box 2397 <hr/> City Gainesville State GA Zip Code 30503- <hr/> Purpose of Disbursement PAYROLL TAX Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7211 Date of Disbursement 03 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 1633.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX
C.	Full Name (Last, First, Middle Initial) Georgia Dept Of Revenue <hr/> Mailing Address P.O. Box 38067 <hr/> City Atlanta State GA Zip Code 30334- <hr/> Purpose of Disbursement PAYROLL TAX Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7224 Date of Disbursement 01 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 150.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX

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

1805.27

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Georgia Dept Of Revenue</p> <p>Mailing Address P.O. Box 38067</p> <p>City Atlanta State GA Zip Code 30334-</p> <p>Purpose of Disbursement PAYROLL TAX</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7223 <b>Date of Disbursement</b> 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 556.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAX</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Georgia Dept Of Revenue</p> <p>Mailing Address P.O. Box 38067</p> <p>City Atlanta State GA Zip Code 30334-</p> <p>Purpose of Disbursement PAYROLL TAX</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7222 <b>Date of Disbursement</b> 03 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 307.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAX</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Habersham Caterers</p> <p>Mailing Address PO Box 837</p> <p>City Cornelia State GA Zip Code 30531-</p> <p>Purpose of Disbursement FOOD &amp; BEVERAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7213 <b>Date of Disbursement</b> 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 940.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FOOD &amp; BEVERAGE</b></p>

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

1804.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Hammond & Associates  Mailing Address PO Box 16021  City Alexandria State VA Zip Code 22302-  Purpose of Disbursement CONSULTANT FEE-FUNDRAISING  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7237 Date of Disbursement 01 / 05 / 2009  Amount of Each Disbursement this Period 3250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CONSULTANT FEE-FUNDRAISING
<b>B.</b>	Full Name (Last, First, Middle Initial) Hammond & Associates  Mailing Address PO Box 16021  City Alexandria State VA Zip Code 22302-  Purpose of Disbursement CONSULTANT FEE-FUNDRAISING  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7235 Date of Disbursement 02 / 02 / 2009  Amount of Each Disbursement this Period 3125.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CONSULTANT FEE-FUNDRAISING
<b>C.</b>	Full Name (Last, First, Middle Initial) Hammond & Associates  Mailing Address PO Box 16021  City Alexandria State VA Zip Code 22302-  Purpose of Disbursement CONSULTANT FEE-FUNDRAISING  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7236 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 3125.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CONSULTANT FEE-FUNDRAISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<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)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
McKenna Long & Aldridge

Transaction ID: 90413.E7241  
Date of Disbursement

Mailing Address PO Box 116573

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	9

City Atlanta State GA Zip Code 30368-

Amount of Each Disbursement this Period

405.00
--------

Purpose of Disbursement  
LEGAL FEES

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL FEES

State: District:

B.

Full Name (Last, First, Middle Initial)  
McKenna Long & Aldridge

Transaction ID: 90413.E7242  
Date of Disbursement

Mailing Address PO Box 116573

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Atlanta State GA Zip Code 30368-

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
LEGAL FEES

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL FEES

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 81202.E7070  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

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

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

813.58
--------

Purpose of Disbursement  
MILEAGE

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MILEAGE

State: District:

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

1443.58
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E7129 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1497.43
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY
<b>B.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement MILEAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E7134 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 504.60
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MILEAGE
<b>C.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALRY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7194 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2015.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALRY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4017.24
<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)  
NATHAN DEAL FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7189 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1561.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY
<b>B.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement MILEAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7190 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 427.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MILEAGE
<b>C.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7191 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1265.58
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY

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

3254.53

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7188  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

388.05
--------

Purpose of Disbursement  
MILEAGE

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MILEAGE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7186  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

1512.72
---------

Purpose of Disbursement  
SALARY

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7184  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

1289.85
---------

Purpose of Disbursement  
SALARY

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

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

3190.62
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7183  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

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

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

479.57
--------

Purpose of Disbursement  
MILEAGE

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MILEAGE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7207  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	9

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

1883.86
---------

Purpose of Disbursement  
SALARY

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)  
Gail T. Musselwhite

Transaction ID: 90413.E7208  
Date of Disbursement

Mailing Address 4897 Goddards Ford Road

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

City Gainesville State GA Zip Code 30504-

Amount of Each Disbursement this Period

368.55
--------

Purpose of Disbursement  
MILEAGE

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MILEAGE

State: District:

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

2731.98
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gail T. Musselwhite</p> <p>Mailing Address 4897 Goddards Ford Road</p> <p>City Gainesville State GA Zip Code 30504-</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1374.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gail T. Musselwhite</p> <p>Mailing Address 4897 Goddards Ford Road</p> <p>City Gainesville State GA Zip Code 30504-</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7203</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1876.08"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Gail T. Musselwhite</p> <p>Mailing Address 4897 Goddards Ford Road</p> <p>City Gainesville State GA Zip Code 30504-</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90415.E7303</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="372.79"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MILEAGE</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3623.62"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1848.55
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY
<b>B.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement MILEAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7200 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 501.54
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MILEAGE
<b>C.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite <hr/> Mailing Address 4897 Goddards Ford Road <hr/> City Gainesville State GA Zip Code 30504- <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2006.18
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SALARY

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

4356.27

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite</p> <p>Mailing Address 4897 Goddards Ford Road</p> <p>City Gainesville State GA Zip Code 30504-</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7196 <b>Date of Disbursement</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 500.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MILEAGE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gail T. Musselwhite</p> <p>Mailing Address 4897 Goddards Ford Road</p> <p>City Gainesville State GA Zip Code 30504-</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7199 <b>Date of Disbursement</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1728.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) North Georgia Aviation LLC</p> <p>Mailing Address 1602 Athens Highway</p> <p>City Gainesville State GA Zip Code 30501-</p> <p>Purpose of Disbursement AVIATION FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90413.E7243 <b>Date of Disbursement</b> 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>AVIATION FEE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6678.41</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)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
North Georgia Aviation LLC

Mailing Address 1602 Athens Highway

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
AVIATION FEE  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90413.E7244  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

Amount of Each Disbursement this Period

2870.00
---------

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

AVIATION FEE

B.

Full Name (Last, First, Middle Initial)  
Chris Riley

Mailing Address 4775 Clarks Bridge Road

City Gainesville State GA Zip Code 30506-

Purpose of Disbursement  
SEE BELOW:CHARITY  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90413.E7249  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

91124.00
----------

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

SEE BELOW:CHARITY

C.

Full Name (Last, First, Middle Initial)  
Good News At Noon

Mailing Address Homeless Care  
979 Davis Street

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
CHARITY  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90415.E7304  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	9

Amount of Each Disbursement this Period

91124.00
----------

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

**[MEMO ITEM]**  
MEMO: CHARITY

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

93994.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) U. S. Treasury <hr/> Mailing Address PO Box 149195 <hr/> City Austin State TX Zip Code 78714- <hr/> Purpose of Disbursement PAYROLL TAX Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7227 Date of Disbursement 01 / 31 / 2009
	Amount of Each Disbursement this Period 942.98
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL TAX
<b>B.</b> Full Name (Last, First, Middle Initial) U. S. Treasury <hr/> Mailing Address PO Box 149195 <hr/> City Austin State TX Zip Code 78714- <hr/> Purpose of Disbursement PAYROLL TAX Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7226 Date of Disbursement 01 / 31 / 2009
	Amount of Each Disbursement this Period 112.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL TAX
<b>C.</b> Full Name (Last, First, Middle Initial) VISA/MASTERCARD <hr/> Mailing Address PO Box 30131 <hr/> City Tampa State FL Zip Code 33630- <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90413.E7238 Date of Disbursement 01 / 05 / 2009
	Amount of Each Disbursement this Period 2053.52
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	CREDIT CARD: SEE BELOW

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

3108.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.

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

Mailing Address P.O. Box 598011

City Orlando State FL Zip Code 32859-

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7276  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Disbursement this Period

64.18
-------

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

**[MEMO ITEM]**  
MEMO: TELEPHONE

B.

Full Name (Last, First, Middle Initial)  
Applebees Restaurant

Mailing Address Browns Bridge Road

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7285  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Disbursement this Period

49.23
-------

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

**[MEMO ITEM]**  
MEMO: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)  
Applebees Restaurant

Mailing Address Browns Bridge Road

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7284  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Amount of Each Disbursement this Period

31.77
-------

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

**[MEMO ITEM]**  
MEMO: FOOD & BEVERAGE

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) P.F. Changs	Transaction ID: 90414.E7278 Date of Disbursement 01 / 05 / 2009
	Mailing Address: Mall of Georgia	Amount of Each Disbursement this Period 100.26
	City: Buford State: GA Zip Code: 30518- Purpose of Disbursement: FOOD & BEVERAGE Candidate Name: _____ Category/Type: _____	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE

B.	Full Name (Last, First, Middle Initial) Chilis Restaurant	Transaction ID: 90414.E7274 Date of Disbursement 01 / 05 / 2009
	Mailing Address: Dawsonville Highway	Amount of Each Disbursement this Period 56.79
	City: Gainesville State: GA Zip Code: 30501- Purpose of Disbursement: FOOD & BEVERAGE Candidate Name: _____ Category/Type: _____	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE

C.	Full Name (Last, First, Middle Initial) Chilis Restaurant	Transaction ID: 90414.E7283 Date of Disbursement 01 / 05 / 2009
	Mailing Address: Dawsonville Highway	Amount of Each Disbursement this Period 35.35
	City: Gainesville State: GA Zip Code: 30501- Purpose of Disbursement: FOOD & BEVERAGE Candidate Name: _____ Category/Type: _____	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE

<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)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90414.E7280 Date of Disbursement 01 / 05 / 2009
	Mailing Address Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 89.50
	City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement AIRFARE	<b>[MEMO ITEM]</b> MEMO: AIRFARE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90414.E7281 Date of Disbursement 01 / 05 / 2009
	Mailing Address Hartsfield Atlanta International Airport	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement AIRFARE	<b>[MEMO ITEM]</b> MEMO: AIRFARE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 90414.E7272 Date of Disbursement 01 / 05 / 2009
	Mailing Address 2347 Centennial Circle	Amount of Each Disbursement this Period 43.56
	City Gainesville State GA Zip Code 30501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement COURIER SERVICE	<b>[MEMO ITEM]</b> MEMO: COURIER SERVICE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>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)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Google.Com</p> <p>Mailing Address 2590 Pearl Street</p> <p>City Boulder State CO Zip Code 80301-</p> <p>Purpose of Disbursement SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7277</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</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> MEMO: SOFTWARE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 1500 Browns Bridge Road</p> <p>City Gainesville State GA Zip Code 30501-</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7273</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 20.32</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> MEMO: OFFICE SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address Dawsonville Hwy</p> <p>City Gainesville State GA Zip Code 30501-</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7287</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 39.97</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> MEMO: OFFICE SUPPLIES</p>

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

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Poor Richards	Transaction ID: 90414.E7279 Date of Disbursement 01 / 05 / 2009
	Mailing Address Cleveland Highway	Amount of Each Disbursement this Period 79.05
	City Gainesville State GA Zip Code 30501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FOOD & BEVERAGE	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Poor Richards	Transaction ID: 90414.E7286 Date of Disbursement 01 / 05 / 2009
	Mailing Address Cleveland Highway	Amount of Each Disbursement this Period 80.84
	City Gainesville State GA Zip Code 30501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FOOD & BEVERAGE	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U. S. Postmaster	Transaction ID: 90414.E7282 Date of Disbursement 01 / 05 / 2009
	Mailing Address Main Office	Amount of Each Disbursement this Period 84.00
	City Gainesville State GA Zip Code 30503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement POSTAGE	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
VISA/MASTERCARD

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90413.E7239  
Date of Disbursement

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

Amount of Each Disbursement this Period

5	8	2	3	.	4	3
---	---	---	---	---	---	---

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

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
Applebees Restaurant

Mailing Address Browns Bridge Road

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90414.E7266  
Date of Disbursement

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

Amount of Each Disbursement this Period

5	4	.	0	6
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address Dawsonville Highway

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90414.E7264  
Date of Disbursement

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

Amount of Each Disbursement this Period

2	1	3	.	9	9
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: OFFICE EQUIPMENT

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

5	8	2	3	.	4	3
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TOTAL This Period (last page this line number only) ..... ▶

5	8	2	3	.	4	3
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address Dawsonville Highway</p> <p>City Gainesville State GA Zip Code 30501-</p> <p>Purpose of Disbursement OFFICE EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7263</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.28"/></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> MEMO: OFFICE EQUIPMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chilis Restaurant</p> <p>Mailing Address Dawsonville Highway</p> <p>City Gainesville State GA Zip Code 30501-</p> <p>Purpose of Disbursement FOOD &amp; BEVERAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7270</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.88"/></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> MEMO: FOOD &amp; BEVERAGE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressional Institute</p> <p>Mailing Address 316 Pennsylvania Avenue SE Suite 403</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONFERENCE FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7258</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1658.00"/></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> MEMO: CONFERENCE FEE</p>

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address Hartsfield Atlanta International Airport  City Atlanta State GA Zip Code 30320-  Purpose of Disbursement AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7256 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 349.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRFARE
<b>B.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address Hartsfield Atlanta International Airport  City Atlanta State GA Zip Code 30320-  Purpose of Disbursement AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7255 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 453.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRFARE
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address Hartsfield Atlanta International Airport  City Atlanta State GA Zip Code 30320-  Purpose of Disbursement AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7257 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRFARE

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Limestone Gallery

Mailing Address Limestone Parkway

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
GIFTS GIVEN

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E7265  
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

1450.00

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

[MEMO ITEM]

MEMO: GIFTS GIVEN

B.

Full Name (Last, First, Middle Initial)  
National Prayer Breakfast

Mailing Address The International Foundation  
PO Box 23813

City Washington State DC Zip Code 20026-3813

Purpose of Disbursement  
TICKETS-CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E7253  
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

350.00

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

[MEMO ITEM]

MEMO: TICKETS-CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)  
Target Stores

Mailing Address 514 Shallowford Road

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90414.E7271  
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

75.83

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

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

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
VISA/MASTERCARD

Mailing Address PO Box 30131

City Tampa State FL Zip Code 33630-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90413.E7240  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
America Online

Mailing Address AOL Time Warner  
75 Rockefeller Plaza

City New York State NY Zip Code 10019-

Purpose of Disbursement  
ONLINE SERVICE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90414.E7294  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]  
MEMO: ONLINE SERVICE

C.

Full Name (Last, First, Middle Initial)  
Applebees Restaurant

Mailing Address Browns Bridge Road

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90414.E7295  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NATHAN DEAL FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address: Hartsfield Atlanta International Airport</p> <p>City: Atlanta State: GA Zip Code: 30320-</p> <p>Purpose of Disbursement: AIRFARE</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7292</p> <p>Date of Disbursement: 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period: 20.00</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> MEMO: AIRFARE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address: Hartsfield Atlanta International Airport</p> <p>City: Atlanta State: GA Zip Code: 30320-</p> <p>Purpose of Disbursement: AIREFARE</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7293</p> <p>Date of Disbursement: 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period: 319.60</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> MEMO: AIREFARE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address: Hartsfield Atlanta International Airport</p> <p>City: Atlanta State: GA Zip Code: 30320-</p> <p>Purpose of Disbursement: AIRFARE</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90414.E7291</p> <p>Date of Disbursement: 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period: 398.60</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> MEMO: AIRFARE</p>

<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)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Intuit  Mailing Address PO Box 24789  City Denver State CO Zip Code 80224-  Purpose of Disbursement SOFTWARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7299 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 373.43  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SOFTWARE
B.	Full Name (Last, First, Middle Initial) Longhorn Steaks  Mailing Address Browns Bridge Road  City Gainesville State GA Zip Code 30501-  Purpose of Disbursement FOOD & BEVERAGE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7296 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 100.85  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
C.	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address 1500 Browns Bridge Road  City Gainesville State GA Zip Code 30501-  Purpose of Disbursement OFFICE SUPPLIES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7300 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 94.01  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<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)  
NATHAN DEAL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Office Max  Mailing Address Dawsonville Hwy  City Gainesville State GA Zip Code 30501- Purpose of Disbursement OFFICE SUPPLIES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7288 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 14.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Max  Mailing Address Dawsonville Hwy  City Gainesville State GA Zip Code 30501- Purpose of Disbursement OFFICE SUPPLIES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7290 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 61.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Max  Mailing Address Dawsonville Hwy  City Gainesville State GA Zip Code 30501- Purpose of Disbursement OFFICE SUPPLIES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90414.E7289 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 120.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<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)  
NATHAN DEAL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Outback Steakhouse

Mailing Address 655 Dawsonville Highway

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7302

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

77.88

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)  
Poor Richards

Mailing Address Cleveland Highway

City Gainesville State GA Zip Code 30501-

Purpose of Disbursement  
FOOD & BEVERAGE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7301

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

76.05

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)  
Sunshine Florist

Mailing Address McEver Road

City Gainesville State GA Zip Code 30504-

Purpose of Disbursement  
GIFTS GIVEN

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90414.E7297

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

88.81

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

[MEMO ITEM]

MEMO: GIFTS GIVEN

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 52

<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)  
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Sunshine Florist		Transaction ID: 90414.E7298	
	Mailing Address McEver Road		Date of Disbursement MM / DD / YYYY 03 / 03 / 2009	
	City Gainesville	State GA	Zip Code 30504-	Amount of Each Disbursement this Period 81.12
	Purpose of Disbursement GIFTS GIVEN		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

**[MEMO ITEM]**  
MEMO: GIFTS GIVEN

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

0.00

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

152818.63