

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**DR BRIAN BABIN FOR CONGRESS**

ADDRESS (number and street) PO BOX 159  
 Check if different than previously reported. (ACC) WOODVILLE TX 75979

2. **FEC IDENTIFICATION NUMBER** C C00553859 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
TX 36

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
05 / 08 / 2014 through 06 / 30 / 2014

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 Sue Cleveland  
Signature of Treasurer Sue Cleveland *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 15 / 2014

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

**DR BRIAN BABIN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	139607.57	644405.30
(b) Total Contribution Refunds (from Line 20(d)) .....	1500.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	138107.57	642405.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	250243.24	635680.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	250243.24	635680.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	74224.33	
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).....	67000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**DR BRIAN BABIN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	64137.57	448789.08
(ii) Unitemized.....	8720.00	43266.22
(iii) TOTAL of contributions from individuals ▶	72857.57	492055.30
(b) Political Party Committees.....	14750.00	15250.00
(c) Other Political Committees (such as PACs).....	52000.00	133875.00
(d) The Candidate.....	0.00	3225.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	139607.57	644405.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	75000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	75000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	500.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	139607.57	719905.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	250243.24	635680.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8000.00	8000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8000.00	8000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1500.00	2000.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	259743.24	645680.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	194360.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	139607.57
25. SUBTOTAL (add Line 23 and Line 24).....	333967.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	259743.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74224.33

**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 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Craig S. Armstrong**

Mailing Address 10370 Richmond Ave Ste 780

City Houston	State TX	Zip Code 77042
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FEC ID number of contributing federal political committee. **C**

Name of Employer Craig Armstrong, DDS	Occupation Dentist
--	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6320**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. David G. Barber**

Mailing Address 1150 Quail Ridge

City Jasper	State TX	Zip Code 75951
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gulf Welding	Occupation Owner
----------------------------------	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6324**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 124 Rufus Rd

City Silsbee	State TX	Zip Code 77636
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FEC ID number of contributing federal political committee. **C**

Name of Employer Roebuck Thomas Roebuck & Adams, PLLC	Occupation Attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.6325**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis C. Bearden**

Mailing Address 10510 W Sam Houston Pkwy

City Houston State TX Zip Code 77099

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

Name of Employer HD Supplies Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.6329**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1983 Rockledge Dr

City Rockledge State FL Zip Code 32955

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

Name of Employer Self Occupation Oral Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6337**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 603 Bayridge Rd

City La Porte State TX Zip Code 77571

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

Name of Employer Retired Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : SA11AI.6338**

Amount of Each Receipt this Period  
 500.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Bradley**

Mailing Address 2165 North

City State Zip Code  
Beaumont TX 77701

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

Name of Employer Occupation  
Self Employed Insurance agent

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.6346**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5386 Burrell Loop

City State Zip Code  
Beaumont TX 77705

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.6353**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Sandra B. Burton**

Mailing Address 107 Squires Row

City State Zip Code  
San Antonio TX 78213

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

Name of Employer Occupation  
Info Requested Info Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.6355**

Amount of Each Receipt this Period  
250.00

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

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

700.00

**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 8 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Harry C. Bushong**

Mailing Address **PO Box 1548**

City **Austin** State **TX** Zip Code **78767-1548**

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

Name of Employer **Self Employed** Occupation **Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11A1.6357**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Frederick J. C. Butler**

Mailing Address **1050 Park Ave #11D**

City **New York** State **NY** Zip Code **10028**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11A1.6361**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Matthew Campbell Jr., DDS**

Mailing Address **1601 Elsdon Cir**

City **Carmichael** State **CA** Zip Code **95608**

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

Name of Employer **Self Employed** Occupation **Dentist**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11A1.6363**

Amount of Each Receipt this Period  
**500.00**

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

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

**1600.00**



**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 9 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Patricia Wright Combs**

Mailing Address 11302 Cedar Gully Rd

City State Zip Code  
Beach City TX 77523

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11AI.6369**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1182 E Caney Loop

City State Zip Code  
Chester TX 75936

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

Name of Employer Occupation  
Self Employed Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.6375**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 929 Waxmyrtle

City State Zip Code  
Houston TX 77079

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.6376**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 10 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael J. Doiron**

Mailing Address 5240 Merlot Dr

City State Zip Code  
Beaumont TX 77706-2576

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

Name of Employer Occupation  
S.E.T.I. Association Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.6382**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Edward L. Domingue**

Mailing Address 200 Quail Creek Dr

City State Zip Code  
Lufkin TX 75904

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6737**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3913 Breezeway Court

City State Zip Code  
Seabrook TX 77586

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

Name of Employer Occupation  
Boeing Space Exploration Vice President & General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.6216**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

**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 11 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address 3913 Breezeway Court

City State Zip Code  
Seabrook TX 77586

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

Name of Employer Occupation  
Boeing Space Exploration Vice President & General Manager

Receipt For: 1000  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.6293**

Amount of Each Receipt this Period  
1000.00

NOTE: duplicate transaction from 5/15 donation

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

Mailing Address 3913 Breezeway Court

City State Zip Code  
Seabrook TX 77586

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

Name of Employer Occupation  
Boeing Space Exploration Vice President & General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.6692**

Amount of Each Receipt this Period  
-1000.00

NOTE: Erroneously reported duplicate receipt in 48 hour notice

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

Mailing Address 305 W Mill

City State Zip Code  
Livingston TX 77351

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6391**

Amount of Each Receipt this Period  
250.00

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

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

250.00

**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 12 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jack I. Esler**

Mailing Address P.O. Box 907

City State Zip Code  
Thompson Falls MT 59873-0907

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6392**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 505 Hickory Hollow

City State Zip Code  
Lufkin TX 75904

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

Name of Employer Occupation  
Texas Timberjack, Inc Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.6245**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1922 FM 256 W

City State Zip Code  
Woodville TX 75979

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.5350**

Amount of Each Receipt this Period  
2000.00

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

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

4200.00

**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 13 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jay Ferguson**

Mailing Address 5670 Inwood Dr

City Houston State TX Zip Code 77056-4012

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

Name of Employer Retired Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : SA11AI.6400**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 245

City Lufkin State TX Zip Code 75902

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

Name of Employer Self Employed Occupation Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11AI.6402**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6632 Rodrigo

City Houston State TX Zip Code 77007

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6405**

Amount of Each Receipt this Period  
 2600.00

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

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

3600.00

**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 14 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James W Gerard**

Mailing Address 515 East 72nd Street  
Apt. 14K

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
North Sea Partners Investments

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11AI.5358**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address #1 Bayou Dr

City State Zip Code  
Atlanta TX 75551-3402

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.6413**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Walter R. Glenn**

Mailing Address 7409 FM 1013 W

City State Zip Code  
Kirbyville TX 75956

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

Name of Employer Occupation  
Self Employed Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2014

**Transaction ID : SA11AI.6414**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 15 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. P. W. Goodwin**

Mailing Address 1311 Woodland Dr

City Lufkin State TX Zip Code 75904

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

Name of Employer Goodwin Lasiter Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.6738**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5204 Valerie Street

City Bellaire State TX Zip Code 77401

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

Name of Employer Kirby Corp Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6271**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4618 Sao Paulo St

City Pasadena State TX Zip Code 77504

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : SA11AI.6420**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

**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 16 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. M. K. Harmon**

Mailing Address 3345 Plaza 10 Dr Ste B

City State Zip Code  
Beaumont TX 77707-2553

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.6422**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2204 S Wheeler St

City State Zip Code  
Jasper TX 75951-5616

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.6425**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. John A. Henderson IV**

Mailing Address 9 Oak Trace

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Physician Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6427**

Amount of Each Receipt this Period  
500.00

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

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

1050.00



**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 17 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HPCP Investments, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO Box 41567		<b>Transaction ID : SA11AI.6208</b>	
City Houston	State TX	Zip Code 77241	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation		Election Cycle-to-Date _____ 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>B. Christopher Pappas</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address PO Box 41567		<b>Transaction ID : SA11AI.6208.0</b>	
City Houston	State TX	Zip Code 77241	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HPCP Investments, LLC Occupation Partner		Partnership from HPCD <b>[MEMO ITEM]</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date _____ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jay D. Jenkins</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 3411 FM 1663		<b>Transaction ID : SA11AI.6441</b>	
City Hankamer	State TX	Zip Code 77560	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Occupation Farmer			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date _____ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis W Kavanagh**

Mailing Address 49 Mayfield Rd

City Groton State MA Zip Code 01450

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

Name of Employer Raytheon Company Occupation Program Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6445**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5072 W Plano Pkwy

City Plano State TX Zip Code 75093

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

Name of Employer Parkway Dental Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.6713**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Heamo "Steve" Koo**

Mailing Address 4800 Beech St

City Bellaire State TX Zip Code 77401-3403

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

Name of Employer Oral & Maxillofacial Surgeon Occupation Piney Point Oral & Maxillofacial Surge

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11AI.6453**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

**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 19 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Bettye J. Lake**

Mailing Address 16502 Brook Forest

City Houston State TX Zip Code 77059

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6457**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 1343

City Houston State TX Zip Code 77251

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

Name of Employer L3 Partners Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : SA11AI.6274**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address One Fawcett Place, Ste 130

City Greenwich State CT Zip Code 06830

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

Name of Employer LE Lehrman & Co Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.6247**

Amount of Each Receipt this Period  
 2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Louise S Lehrman**

Mailing Address One Fawcett Place, Ste 130

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.6250**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 604 N Willis

City State Zip Code  
Livingston TX 77351

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.5384**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Gordon A. Lewis**

Mailing Address 2611 April Run Ct

City State Zip Code  
Kingwood TX 77345

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

Name of Employer Occupation  
Hollis Huff Lewis & Company PC Certified Public Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6462**

Amount of Each Receipt this Period  
500.00

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

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

4100.00

**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 21 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Daniel B. Linebaugh**

Mailing Address 3118 Knight Ln

City State Zip Code  
Baytown TX 77521

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : SA11AI.6466**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Alan Stuart Markoff DDS**

Mailing Address 2718 Tudor Manor

City State Zip Code  
Houston TX 77082

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6477**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles T McCord III**

Mailing Address 55 Waugh Dr #515

City State Zip Code  
Houston TX 77007

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

Name of Employer Occupation  
McCord Production, Ltd Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6480**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 22 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Gary W. McDonald DDS**

Mailing Address 2300 Green Oak Drive, Suite 600

City Kingwood	State TX	Zip Code 77339
------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Oral Surgeon
-----------------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : SA11AI.6482**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1605 9th Ave SE

City Jamestown	State ND	Zip Code 58401
-------------------	-------------	-------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6484**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5059 McClelland Blvd

City Joplin	State MO	Zip Code 64804
----------------	-------------	-------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6486**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 23 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. S. Mark Messer DDS**

Mailing Address 1860 Texas Ave Ste E

City State Zip Code  
Bridge City TX 77611

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.6492**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Garfield Lankard Miler**

Mailing Address 21 E 90th St Apt 4-C

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Aegis Energy Advisors Corp. Investment Banking

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.6494**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Travis T. Miller DDS**

Mailing Address 3314 Concord

City State Zip Code  
Orange TX 77630

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.6496**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

**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 24 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ted E. Moor Jr.**

Mailing Address 505 Orleans Ste 502

City State Zip Code  
Beaumont TX 77701

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

Name of Employer Occupation  
Talon Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11AI.6500**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 400 GALAHAD LP RD

City State Zip Code  
Woodville TX 75979

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2014

**Transaction ID : SA11AI.6503**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Patricia E. Morris**

Mailing Address 520 Charmaine Dr S

City State Zip Code  
Woodville TX 75979

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11AI.6507**

Amount of Each Receipt this Period  
250.00

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

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

1500.00



**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 25 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Danny Moseley**

Mailing Address 296 Fern

City Livingston State TX Zip Code 77351

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

Name of Employer Moseley Construction Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6211**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 549 County Road 1920

City Warren State TX Zip Code 77664

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

Name of Employer Tyler County Occupation County Commissioner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6509**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9690 S Shadow Hill Circle

City Lone Tree State CO Zip Code 80124

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

Name of Employer Aon Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : SA11AI.6512**

Amount of Each Receipt this Period  
 150.00

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

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

1400.00

**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 26 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr John O'Neill**

Mailing Address 3731 Olympia

City Houston State TX Zip Code 77019

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.6222**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben R. Ogletree, Jr.**

Mailing Address Box 1277

City Livingston State TX Zip Code 77351

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

Name of Employer First State Bank Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6523**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 711 Louisiana St., Ste 2300

City Houston State TX Zip Code 77002

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

Name of Employer Bracewell & Giuliani Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.6227**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 27 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address **PO Box 189**

City **Franklinton** State **NC** Zip Code **27525**

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

Name of Employer **Self Employed** Occupation **Dentist**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.6253**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **P.O. Box 1804**

City **Bridge City** State **TX** Zip Code **77611**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : SA11AI.6534**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **14823 Alderwick Dr**

City **Sugar Land** State **TX** Zip Code **77598**

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

Name of Employer **Self-Employed** Occupation **Photographer**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.5376**

Amount of Each Receipt this Period  
**1600.00**

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

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

**2800.00**

**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 28 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas S. Ramsey Sr.**

Mailing Address 8729 Burkhart Dr

City State Zip Code  
Houston TX 77055

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

Name of Employer Occupation  
Klotz & Associates Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6539**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6355 Westgate Drive

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Self Employed Petroleum Landman/Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2014

**Transaction ID : SA11AI.6540**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1130 Thomas Road

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Reese Oil Oil & Gas Exploration

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11AI.6259**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

**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 29 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bernard James Roan**

Mailing Address 3406 Erin Knoll Ct

City State Zip Code  
houston TX 77059

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

Name of Employer Occupation  
NASA Johnson Space Center Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : SA11AI.6712**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dean T. Robinson**

Mailing Address PO Box 1711

City State Zip Code  
Silsbee TX 77656

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

Name of Employer Occupation  
State Farm Agent

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.6551**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6315 Ellington Ln

City State Zip Code  
Beaumont TX 77706-4045

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

Name of Employer Occupation  
Southeast TX Ear Nose & Throat Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.6280**

Amount of Each Receipt this Period  
1000.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 30 OF 81  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas P. Roebuck Jr.**

Mailing Address 476 Oakland

City State Zip Code  
Beaumont TX 77701

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

Name of Employer Occupation  
Self Employed Lawyer

Receipt For: 2014  
 Primary     General  
 Other (specify) Runoff

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven R. Ross**

Mailing Address 1333 New Hampshire Ave NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Akin Gump Straus Hauer Feld, LLP Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6559**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Billie S. Russell**

Mailing Address 975 Jasmine

City State Zip Code  
Beaumont TX 77706

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.6561**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

**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 31 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John E. Russell**

Mailing Address 6126 Sugar Hill Dr

City Houston State TX Zip Code 77057

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

Name of Employer Kirby Inland Marine Occupation Senior Vice President Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : SA11AI.6563**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 619

City Woodville State TX Zip Code 75979

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

Name of Employer Tejas Sanders, LP Occupation Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6564**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr K. Robert Seaberg**

Mailing Address 602 N Winfree St

City Dayton State TX Zip Code 77535

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.6572**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

**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 32 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address 176 Private Road 132

City Liberty State TX Zip Code 77575

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

Name of Employer Self Employed Occupation Pipeline Maintenance

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6266**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas V. Smith**

Mailing Address 2210 Copeland

City Lufkin State TX Zip Code 75904-5340

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.6579**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Harry W. Stafford**

Mailing Address 1419 Turtle Creek Dr

City Lufkin State TX Zip Code 75904

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

Name of Employer Self Employed Occupation Restaurant owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11AI.6583**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00



**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 33 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W. Stallings**

Mailing Address 7905 Brookhollow Blvd

City Frisco State TX Zip Code 75034

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

Name of Employer: GAINSCO Auto Insurance Occupation: Chief Executive Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 22 / 2014

**Transaction ID : SA11AI.6585**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 13355 Bay Place Dr

City Beach City State TX Zip Code 77523

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

Name of Employer: Retired Occupation: Chemical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 09 / 2014

**Transaction ID : SA11AI.6587**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. W. Dennis Stephens**

Mailing Address 6724 Princess Anne Ln

City Falls Church State VA Zip Code 22042

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

Name of Employer: K & L Gates Occupation: Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 04 / 2014

**Transaction ID : SA11AI.6590**

Amount of Each Receipt this Period: 1000.00

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

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

1750.00

**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 34 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Paula Stewart Strange**

Mailing Address 4500 I-55N Ste 235

City Jackson State MS Zip Code 39211

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

Name of Employer Self Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.6592**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Marit Babin Stout**

Mailing Address 2436 Nottingham St

City Houston State TX Zip Code 77005

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

Name of Employer KBR Inc Occupation Director of Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6696**

Amount of Each Receipt this Period  
 687.57

In-kind - Food for luncheon

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

Mailing Address 108 Forse Drive

City Woodville State TX Zip Code 75979

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

Name of Employer Millennium Real Esate Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.5363**

Amount of Each Receipt this Period  
 1250.00

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

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

2187.57

**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 35 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn Jeanette Stover**

Mailing Address 108 Forse Drive

City Woodville State TX Zip Code 75979

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

Name of Employer Millennium Real Estate Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6710**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -800.00

Redesignate:  
**[MEMO ITEM]**

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

Mailing Address 108 Forse Drive

City Woodville State TX Zip Code 75979

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

Name of Employer Millennium Real Estate Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6711**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 800.00

Redesignate: TO General  
**[MEMO ITEM]**

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

Mailing Address 3010 Parklane Drive

City Baytown State TX Zip Code 77521

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

Name of Employer Edward Jones Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.6255**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

**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: (check only one)	PAGE 36 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address 1146 CR 2274

City Cleveland State TX Zip Code 77327

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.6702**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address PO Box 547

City Woodville State TX Zip Code 75979

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : SA11AI.6617**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6515 Shoal Creek Rd

City Fort Worth State TX Zip Code 76132

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

Name of Employer Southside Trim Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.6626**

Amount of Each Receipt this Period  
 100.00

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

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

850.00

**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 37 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Arlo F. Weltge**

Mailing Address 5213 Valerie

City State Zip Code  
Bellaire TX 77401

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6630**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1715 FM 842

City State Zip Code  
Lufkin TX 75901

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

Name of Employer Occupation  
Windco Businessman

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.6636**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3355 W. Alabama, Ste 100

City State Zip Code  
Houston TX 77098

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 17 / 2014

**Transaction ID : SA11AI.6238**

Amount of Each Receipt this Period  
2500.00  
In-kind - Advertising

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

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

3500.00

**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 38 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Young**

Mailing Address 3640 Piping Rock Ln

City Houston State TX Zip Code 77027

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

Name of Employer Hoover Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11Al.6641**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

64137.57

**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 39 OF 81
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE

Mailing Address 211 E CHICAGO AVE  
SUITE 700

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11B.5485**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11B.5380**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 10889 WILSHIRE BLVD.

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11B.5369**

Amount of Each Receipt this Period  
1000.00

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

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

8500.00

**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 40 OF 81
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address 61 PINEHURST STREET

City	State	Zip Code
MEMPHIS	TN	38117

FEC ID number of contributing federal political committee. **C** C00461996

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11B.5352**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**B. Full Name (Last, First, Middle Initial)**  
**State Representative Wayne Smith**

Mailing Address PO Box 4020

City	State	Zip Code
Baytown	TX	77520

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

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11B.6706**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

NOTE: State account

**C. Full Name (Last, First, Middle Initial)**  
**U S IMMIGRATION REFORM PAC**

Mailing Address P.O. BOX 100006

City	State	Zip Code
ARLINGTON	VA	22210

FEC ID number of contributing federal political committee. **C** C00253906

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11B.5366**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 6250.00

\_\_\_\_\_ 14750.00



**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 41 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address **919 CONGRESS AVE SUITE 1400**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00387464**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : SA11C.6750**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICA FIRST POLITICAL ACTION COMMITTEE**

Mailing Address **611 PENNSYLVANIA AVE SE #308**

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

FEC ID number of contributing federal political committee. **C C00427187**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : SA11C.6205**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)**

Mailing Address **1445 NEW YORK AVENUE NW  
STE 800**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : SA11C.6284**

Amount of Each Receipt this Period  
**2500.00**

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

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

**7000.00**

**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 42 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 WEST BRYN MAWR AVE.

City ROSEMONT State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11C.6879**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11C.6857**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11C.5489**

Amount of Each Receipt this Period  
 5000.00

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

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

9000.00

**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 43 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A. ANDY HARRIS FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 604  
 City State Zip Code  
 BEL AIR MD 21014  
 FEC ID number of contributing federal political committee. **C C00435974**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014  
**Transaction ID : SA11C.6219**  
 Amount of Each Receipt this Period  
 1000.00

**B. BRADY FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 8277  
 City State Zip Code  
 THE WOODLANDS TX 77387  
 FEC ID number of contributing federal political committee. **C C00311043**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11C.6859**  
 Amount of Each Receipt this Period  
 1000.00

**C. BUCKEYE LIBERTY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 8TH STREET, NW SUITE 500  
 City State Zip Code  
 WASHINGTON DC 20001  
 FEC ID number of contributing federal political committee. **C C00366781**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11C.6861**  
 Amount of Each Receipt this Period  
 1000.00

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

3000.00

**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 44 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1375 ENCLAVE PARKWAY

City HOUSTON State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C** C00349373

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11C.6863**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : SA11C.6865**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT BANKERS ASSOCIATION OF TEXAS (IBAT FEDPAC)**

Mailing Address 1700 RIO GRANDE ST., STE. 100

City AUSTIN State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00332841

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : SA11C.6867**

Amount of Each Receipt this Period  
 2000.00

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

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

7500.00

**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 45 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

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

Mailing Address 55 WAUGH DRIVE  
SUITE 1000

City HOUSTON State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : SA11C.6264**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**LOCKE LORD BISSELL & LIDDELL LLP PAC**

Mailing Address 600 TRAVIS STREET  
SUITE 2800

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11C.6869**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address P.O. BOX 917

City SHELBYVILLE State IN Zip Code 46176

FEC ID number of contributing federal political committee. **C** C00460667

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11C.6871**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

**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 46 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : SA11C.6873**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00492868

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : SA11C.6290**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11C.6875**

Amount of Each Receipt this Period  
 2500.00

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

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

10000.00

**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 47 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code  
FAIRFAX VA 22030

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11C.6877**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NUSTAR ENERGY L.P. (NUSTAR PAC)**

Mailing Address 19003 IH-10 WEST

City State Zip Code  
SAN ANTONIO TX 78257

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : SA11C.6277**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address PO BOX 77472

City State Zip Code  
WASHINGTON DC 20013

FEC ID number of contributing federal political committee. **C** C00494153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11C.6234**

Amount of Each Receipt this Period  
 2500.00

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

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

5000.00

**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 48 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION PAC**

Mailing Address 1301 W SEVENTH ST.  
SUITE 201

City State Zip Code  
FORT WORTH TX 76102

FEC ID number of contributing federal political committee. **C C00211524**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11C.6243**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND (AGFUND) INC (TEXAS FARM BUREAU AGFUND)**

Mailing Address 7420 FISH POND ROAD  
PO BOX 2689

City State Zip Code  
WACO TX 76702

FEC ID number of contributing federal political committee. **C C00214981**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2014

**Transaction ID : SA11C.6231**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SA11C.6881**

Amount of Each Receipt this Period  
2500.00

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

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

7500.00

52000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dana R Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 4902 Bridal Wreath		Amount of Each Disbursement this Period 12078.19
City Richmond	State TX Zip Code 77406	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6764
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Berry Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 7509 Spivey Dr		Amount of Each Disbursement this Period 46600.00
City Austin	State TX Zip Code 78749	
Purpose of Disbursement Mass Mailings/Consulting	Candidate Name	Transaction ID : SB17.6752
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Berry Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 7509 Spivey Dr		Amount of Each Disbursement this Period 93200.00
City Austin	State TX Zip Code 78749	
Purpose of Disbursement Mass Mailings/Consulting	Candidate Name	Transaction ID : SB17.6761
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	151878.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Berry Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 7509 Spivey Dr		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.6762</b>
City Austin State TX Zip Code 78749	Purpose of Disbursement Robocalls	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Berry Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 7509 Spivey Dr		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.6766</b>
City Austin State TX Zip Code 78749	Purpose of Disbursement Mass Mailings/Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Berry Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 7509 Spivey Dr		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.6784</b>
City Austin State TX Zip Code 78749	Purpose of Disbursement Campaign Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24000.00
<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)		PAGE 51 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bogart &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 217 Third Street		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Consulting	Transaction ID : SB17.6798
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. By Morrell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 2918 Ocean Mist Ct		Amount of Each Disbursement this Period 811.88
City Seabrook	State TX	
Zip Code 77589	Purpose of Disbursement Campaign Yard Signs	Transaction ID : SB17.6760
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. By Morrell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2918 Ocean Mist Ct		Amount of Each Disbursement this Period 343.69
City Seabrook	State TX	
Zip Code 77589	Purpose of Disbursement Campaign Shirts	Transaction ID : SB17.6768
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3655.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Strategies D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 7309A Colina Vista Loop		Amount of Each Disbursement this Period 8050.00
City Austin State TX Zip Code 78750	Purpose of Disbursement Consulting/Fundraising Fees	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6791</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 9427.09
City Palatine State IL Zip Code 60094	Purpose of Disbursement Credit Card Payment - See Below	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6780</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Hilton Hotel Nassau Bay</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 300 NASA Parkway		Amount of Each Disbursement this Period 1655.30
City Houston State TX Zip Code 77058	Purpose of Disbursement Event expense	
Candidate Name	Category/Type	<b>Transaction ID : SB17.6780.0</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17477.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Menger Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 204 Alamo Plaza		Amount of Each Disbursement this Period 598.33
City San Antonio	State TX	
Zip Code 78205	Purpose of Disbursement	Transaction ID : SB17.6780.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Vindicator</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1939 Trinity		Amount of Each Disbursement this Period 490.00
City Liberty	State TX	
Zip Code 77575	Purpose of Disbursement Advertising	Transaction ID : SB17.6780.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Beaumont Enterprise</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. Box 80097		Amount of Each Disbursement this Period 1440.00
City Prescott	State AZ	
Zip Code 86304	Purpose of Disbursement Advertising	Transaction ID : SB17.6780.3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)		PAGE 54 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tyler County Booster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. Box 339		Amount of Each Disbursement this Period 1071.60
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Advertising	Transaction ID : <b>SB17.6780.4</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Orange Leader</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 841 B Del Sasso Drive		Amount of Each Disbursement this Period 706.00
City Orange	State TX	
Zip Code 77630	Purpose of Disbursement Advertising	Transaction ID : <b>SB17.6780.5</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kirbyville Banner</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 104 N Kellie Avenue		Amount of Each Disbursement this Period 411.85
City Kirbyville	State TX	
Zip Code 75956	Purpose of Disbursement Advertising	Transaction ID : <b>SB17.6780.6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<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)		PAGE 55 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Silsbee Bee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. Box 547		Amount of Each Disbursement this Period 562.73
City Silsbee	State TX	
Zip Code 77656	Purpose of Disbursement Advertising	Transaction ID : SB17.6780.7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Vindicator</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1939 Trinity		Amount of Each Disbursement this Period 350.00
City Liberty	State TX	
Zip Code 77575	Purpose of Disbursement Advertising	Transaction ID : SB17.6780.8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 2605.72
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit Card Payment - See Below	Transaction ID : SB17.6799
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2605.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 1124.50
City Chicago	State IL Zip Code 60666	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.6799.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Bookit</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 14251 Panamai City Blvd.		Amount of Each Disbursement this Period 669.50
City Panama City	State FL Zip Code 32413	
Purpose of Disbursement Travel fees	Candidate Name	Transaction ID : SB17.6799.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Cleveco Construction</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address P.O. Box 8511		Amount of Each Disbursement this Period 1258.41
City Lumberton	State TX Zip Code 77657	
Purpose of Disbursement Campaign Sign Materials	Candidate Name	Transaction ID : SB17.6758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1258.41
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 19.15 <b>Transaction ID : SB17.6754</b>
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 574.45 <b>Transaction ID : SB17.6808</b>
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 574.45 <b>Transaction ID : SB17.6809</b>
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1168.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 18.71 <b>Transaction ID : SB17.6783</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 25.57 <b>Transaction ID : SB17.6788</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6810</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	544.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 81	
	<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)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 574.45
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Transaction ID : SB17.6811
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Taylor Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 19.99
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Postage	Transaction ID : SB17.6800
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cypher Technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 205 W Gibson		Amount of Each Disbursement this Period 300.00
City Jasper	State TX	
Zip Code 75951	Purpose of Disbursement Computer Network Maintenance	Transaction ID : SB17.6753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	894.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tanner Dickens</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 2202 Magnolia Bend		Amount of Each Disbursement this Period 7,000.00 183.00 <b>Transaction ID : SB17.6755</b>
City Baytown State TX Zip Code 77523	Purpose of Disbursement Contract Labor - Placing Signs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tanner Dickens</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2202 Magnolia Bend		Amount of Each Disbursement this Period 7,000.00 164.00 <b>Transaction ID : SB17.6759</b>
City Baytown State TX Zip Code 77523	Purpose of Disbursement Contract Labor - Placing Signs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tanner Dickens</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2202 Magnolia Bend		Amount of Each Disbursement this Period 7,000.00 369.50 <b>Transaction ID : SB17.6769</b>
City Baytown State TX Zip Code 77523	Purpose of Disbursement Contract Labor - Placing Signs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	716.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. First Data</b>		M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342	63.34
Purpose of Disbursement Credit Card Swipe Fees		Transaction ID : SB17.6812	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. First Data</b>		M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342	1.65
Purpose of Disbursement Credit Card Swipe Fees		Transaction ID : SB17.6813	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. First Data</b>		M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period	
City Atlanta	State GA	Zip Code 30342	19.80
Purpose of Disbursement Credit Card Swipe Fees		Transaction ID : SB17.6814	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period 2.00
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Swipe Fees	Category/Type	<b>Transaction ID : SB17.6815</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HURD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address PO BOX 656		Amount of Each Disbursement this Period 500.00
City HELOTES	State TX Zip Code 78023	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.6837</b>
Candidate Name <b>HOUSE CONSERVATIVES FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 400.10
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : SB17.6801</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	902.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 400.10 <b>Transaction ID : SB17.6802</b>
City Ogden State UT Zip Code 84201	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 648.60 <b>Transaction ID : SB17.6803</b>
City Ogden State UT Zip Code 84201	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 5 Mapleton Road, Ste 300		Amount of Each Disbursement this Period 10090.00 <b>Transaction ID : SB17.6763</b>
City Princeton State NJ Zip Code 08540	Purpose of Disbursement TV Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11138.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 855.50 <b>Transaction ID : SB17.6804</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 286.33 <b>Transaction ID : SB17.6767</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 855.50 <b>Transaction ID : SB17.6805</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1997.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 377.59 <b>Transaction ID : SB17.6782</b>
City Woodville	State TX	
Purpose of Disbursement Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6806</b>
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Stephen Janushkowsky</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 855.50 <b>Transaction ID : SB17.6807</b>
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2233.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wesley McIlhinney</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 19800 Atascocita Shores Dr., # 113		Amount of Each Disbursement this Period 1453.85 <b>Transaction ID : SB17.6779</b>
City Humble State TX Zip Code 77346	Purpose of Disbursement Campaign Consulting	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Newton County News</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 112 Glover Dr		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.6789</b>
City Newton State TX Zip Code 75966	Purpose of Disbursement Newspaper Advertising	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 144 2nd St FL 1		Amount of Each Disbursement this Period 54.63 <b>Transaction ID : SB17.6816</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Fundraising Fees	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1883.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 126.51
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6817
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 46.01
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 57.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 100.65 <b>Transaction ID : SB17.6820</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 129.38 <b>Transaction ID : SB17.6821</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 43.13 <b>Transaction ID : SB17.6822</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	273.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 25.88
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 14.38
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 77.63
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6825
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	117.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 115.00 <b>Transaction ID : SB17.6826</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 83.39 <b>Transaction ID : SB17.6827</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 51.76 <b>Transaction ID : SB17.6828</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 17.25 <b>Transaction ID : SB17.6829</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 14.38 <b>Transaction ID : SB17.6830</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 11.50 <b>Transaction ID : SB17.6831</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 34.50
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6833
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Piryx, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 29.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Candidate Name	Transaction ID : SB17.6834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Smokin' Aces</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 203 S Pecan		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.6774</b>
City Woodville	State TX	
Purpose of Disbursement Catering - event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Marit Babin Stout</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 2436 Nottingham St		Amount of Each Disbursement this Period 687.57 <b>Transaction ID : SB17.6697</b>
City Houston	State TX	
Purpose of Disbursement In-kind - Food for luncheon		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. The Dam Good Times</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address P.O. Box 2911		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.6792</b>
City League City	State TX	
Purpose of Disbursement Advertising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4187.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 81			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 307 W. Wheat St		Amount of Each Disbursement this Period 999.00 <b>Transaction ID : SB17.6772</b>
City Woodville State TX Zip Code 75979	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Emily Waldrep</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.6756</b>
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Emily Waldrep</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6781</b>
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	999.00
<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)	PAGE 75 OF 81			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wallings Signs and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 1227.33 <b>Transaction ID : SB17.6786</b>
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Printing/Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mason Wilks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 3202 Kathleen Blvd.		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.6771</b>
City Mont Belvieu	State TX	
Zip Code 77523	Purpose of Disbursement Contract Labor - Placing Signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Wilson Perkins Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1319 Classen Drive		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : SB17.6765</b>
City Oklahoma City	State OK	
Zip Code 73103	Purpose of Disbursement Polling	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8952.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 81	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wilson Perkins Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1319 Classen Drive		Amount of Each Disbursement this Period 9600.00 <b>Transaction ID : SB17.6777</b>
City Oklahoma City	State OK Zip Code 73103	
Purpose of Disbursement Polling	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Douglas York</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 3355 W. Alabama, Ste 100		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6240</b>
City Houston	State TX Zip Code 77098	
Purpose of Disbursement In-kind - Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Renee Zimmerman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 298 County Road 2152		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6796</b>
City Woodville	State TX Zip Code 75979	
Purpose of Disbursement Contract labor	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12400.00
<b>TOTAL</b> This Period (last page this line number only).....	249983.24

**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 77 OF 81	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRIAN BABIN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2014</b>
Mailing Address PO BOX 159		Amount of Each Disbursement this Period <b>8000.00</b>
City <b>WOODVILLE</b>	State <b>TX</b>	
Zip Code <b>75979</b>	Purpose of Disbursement Loan repayment	<b>Transaction ID : SB19A.6836</b>
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 36		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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 78 OF 81	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DR BRIAN BABIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Allan B. Ritter Campaign Fund Account</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address PO Box 365		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>Nederland</b>	State <b>TX</b>	
Zip Code <b>77627</b>		<b>Transaction ID : SB20C.6840</b>
Purpose of Disbursement Refund of excess		
Candidate Name <b>Allan B. Ritter Campaign Fund Account</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

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

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **DR BRIAN BABIN FOR CONGRESS** Transaction ID : **SC/10.4161**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **BRIAN BABIN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 159

City State ZIP Code  
 WOODVILLE TX 75979

Original Amount of Loan 25000.00	Cumulative Payment To Date 8000.00	Balance Outstanding at Close of This Period 17000.00
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**TERMS**

Date Incurred: M 12 / D 17 / Y 2013  
 Date Due: M / D / Y None  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 17000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **DR BRIAN BABIN FOR CONGRESS** Transaction ID : **SC/10.4162**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIAN BABIN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 159		

City	State	ZIP Code
WOODVILLE	TX	75979

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 12 / D 31 / Y 2013	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **DR BRIAN BABIN FOR CONGRESS** Transaction ID : **SC/10.4517**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>BRIAN BABIN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 159		

City	State	ZIP Code
WOODVILLE	TX	75979

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 02 / 11 / 2014	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	67000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.