

# 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

75979-0159

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553859

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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

Office Use Only

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

**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))....	240547.00	497169.62
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	240547.00	497169.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67451.69	311249.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	29.00	4659.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67422.69	306589.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	473078.87	
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).....	80134.00	201099.62
(ii) Unitemized.....	6413.00	18725.00
(iii) TOTAL of contributions from individuals ▶	86547.00	219824.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	154000.00	277345.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	240547.00	497169.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	29.00	4659.53
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2315.84	2315.84
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	242891.84	504144.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67451.69	311249.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2341.84	2341.84
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69793.53	313591.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	299980.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	242891.84
25. SUBTOTAL (add Line 23 and Line 24).....	542872.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69793.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	473078.87

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Amendment necessary to reflect correction to previous report.

Form/Schedule:  
Transaction ID:

**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 111
	<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 Johnson**

Mailing Address **PO Box 1268**

City **Cleveland** State **TX** Zip Code **77328-1268**

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

Name of Employer **Self** Occupation **Johnson Construction Clearing, LLC**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : AB8251B6109A049BCAEC**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

Mailing Address **15307 Coastal Oak Ct**

City **Houston** State **TX** Zip Code **77059-6443**

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

Name of Employer **Bastion Technologies** Occupation **Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A1B7EF802F5054781A29**

Amount of Each Receipt this Period  
**250.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Wayne T Musial**

Mailing Address **18814 Grenada LN**

City **Houston** State **TX** Zip Code **77058-4206**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : A2717F14213B84E65B19**

Amount of Each Receipt this Period  
**250.00**

Contribution

**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 7 OF 111
	<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. Alfred G Anderson**

Mailing Address 1974 O'Grady

City State Zip Code  
Conroe TX 77304-1602

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

Name of Employer Occupation  
Anderson Ford Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

**Transaction ID : A53158B0442FB48D19FC**

Amount of Each Receipt this Period  
2600.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Robyn E. Anderson**

Mailing Address 7028 Shadow Creek Ct

City State Zip Code  
Fort Worth TX 76132-4550

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

Name of Employer Occupation  
Self Employed Travel Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : A78545291258C424AAC3**

Amount of Each Receipt this Period  
2200.00  
Contribution

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

Mailing Address PO Box 189

City State Zip Code  
Franklinton NC 27525-0189

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 19 / 2015

**Transaction ID : AB4D68AF9DC5B4573BE0**

Amount of Each Receipt this Period  
1000.00

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

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

5800.00

**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 111
	<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. Merle C. Zimmerman**

Mailing Address 298 CR 2152

City Woodville State TX Zip Code 75979-3453

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : AC428412B9CFF4C1CA68**

Amount of Each Receipt this Period  
 Contribution **100.00**

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

Mailing Address NO ADDRESS

City Houston State TX Zip Code 77056

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

Name of Employer Frontera Resources Occupation President and Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A7464E63C0E434871BEF**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

Mailing Address 3240 Bammel Lane

City Houston State TX Zip Code 77098-2027

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

Name of Employer Vertex Energy, Inc. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A37BDEDA27B7D4B019B9**

Amount of Each Receipt this Period  
 Contribution **500.00**

**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 9 OF 111
	<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 B. Bailey**

Mailing Address 2818 Sea Channel

City State Zip Code  
Seabrook TX 77586

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

Name of Employer Occupation  
Cima Services Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A93F7EB81C2324497AC3**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address PO Box 1564

City State Zip Code  
Port Arthur TX 77641-1564

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

Name of Employer Occupation  
Sabine-Neches Navigation District Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A764FFE7F76FD4DA5949**

Amount of Each Receipt this Period  
 Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Allen V Temple**

Mailing Address 785 County Road 2810

City State Zip Code  
Colmesneil TX 75938-4025

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : A5F1A3BC6A7B54B49AE8**

Amount of Each Receipt this Period  
 Contribution 250.00

**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 10 OF 111
	<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. Sue Cleveland**

Mailing Address PO Box 30055

City Lumberton State TX Zip Code 77657-1055

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

Name of Employer Cleveco Construction Occupation Construction

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1707.81**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 20 / 2015**

**Transaction ID : A274C51C9276046BE9EB**

Amount of Each Receipt this Period  
 Contribution **200.00**

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

Mailing Address 1035 19th Street

City Beaumont State TX Zip Code 77706-4703

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

Name of Employer Sunbelt Securities Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A6A87154700C740A8951**

Amount of Each Receipt this Period  
 Contribution **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Glenn W. Anderson**

Mailing Address 7028 Shadow Creek Ct

City Fort Worth State TX Zip Code 76132-4550

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

Name of Employer GAINSCO INC Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : A66A1B924E323419CA30**

Amount of Each Receipt this Period  
 Contribution **2200.00**

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

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

**2650.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Glenn Ruthven**

Mailing Address **PO Box 1646**

City **Mason** State **TX** Zip Code **76856-1646**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : A0211BEB97F9F4656AE8**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

Mailing Address **6355 Westgate Dr**

City **Beaumont** State **TX** Zip Code **77706-4323**

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

Name of Employer **Self Employed** Occupation **Petroleum Landman/Real Estate**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2015**

**Transaction ID : A39B8EC1F86C845D99F5**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry D. Meyers**

Mailing Address **412 First St SE**

City **Washington** State **DC** Zip Code **20003-1804**

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

Name of Employer **Meyers & Associates LLC** Occupation **Government Relations**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : AAF669D70FFD04F8C83F**

Amount of Each Receipt this Period  
**500.00**

**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: PAGE 12 OF 111  
(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. Niels C. Holch**

Mailing Address 3308 Hidden River View Rd

City State Zip Code  
Annapolis MD 21403-5022

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

Name of Employer Occupation  
Holch & Erickson Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : AA22A208CB4DD4547AB8**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 414 Pineneedle

City State Zip Code  
Houston TX 77024-6604

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

Name of Employer Occupation  
Frontera Resources Chairman & CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A646858EF042A4910B10**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 108 W Clayton St

City State Zip Code  
Dayton TX 77535-2241

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : A113C21A26BD54205902**

Amount of Each Receipt this Period  
 Contribution 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 13 OF 111
	<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. Mark Beausoleil**

Mailing Address 213 Cardinal Drive

City State Zip Code  
Liberty TX 77575-9684

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2015

**Transaction ID : ABC3BF98D57DA4F76897**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12203 Broken Bough Dr

City State Zip Code  
Houston TX 77024-4217

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

Name of Employer Occupation  
Strategic Public Affairs Public Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 19 / 2015

**Transaction ID : A2EF6F28D990B43FA918**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 608 Nellius

City State Zip Code  
Woodville TX 75979-4414

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 20 / 2015

**Transaction ID : AD03B67ED89224C6C813**

Amount of Each Receipt this Period  
500.00  
Contribution

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

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

2000.00

**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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Michael M. Paddie**

Mailing Address PO Box 801

City State Zip Code  
Village Mills TX 77663-0801

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

Name of Employer Occupation  
Warren ISD Educator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : A6DB3534672AB4C30BBC**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. J. Douglass Libby**

Mailing Address 2169 CR 2790

City State Zip Code  
Woodville TX 75979-2512

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : A38ACFE47817D40EFADE**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 400 Galahad Loop Rd

City State Zip Code  
Woodville TX 75979-7673

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
786.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A6AF7E077D4F44767A51**

Amount of Each Receipt this Period  
 Contribution 500.00

**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 15 OF 111
	<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. Harold E Allison III**

Mailing Address **PO Box 36**

City **Woodville** State **TX** Zip Code **75979-0036**

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

Name of Employer **Citizens State Bank** Occupation **Bank Officer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 17 / 2015**

**Transaction ID : AD251BD0BABFA450FB9E**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO Box 713**

City **Colmesneil** State **TX** Zip Code **75938-0713**

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

Name of Employer **Self Employed** Occupation **Insurance Agent**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A9F031C0F19774AD1B27**

Amount of Each Receipt this Period  
**300.00**

Contribution

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

Mailing Address **3507 Northfield Dr**

City **Midland** State **TX** Zip Code **79707-4527**

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

Name of Employer **XCOR Aerospace** Occupation **CTO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 08 / 2015**

**Transaction ID : AFB363436B90B44D3923**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

**800.00**

**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 111
	<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. S. John Wilkins III**

Mailing Address 315 Lakeshore Dr

City State Zip Code  
Seabrook TX 77586-6033

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 16 / 2015

**Transaction ID : A14B20572A97A48DBB6B**

Amount of Each Receipt this Period  
Contribution  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. A. Rose Moon**

Mailing Address 310 Del Monte Dr

City State Zip Code  
Friendswood TX 77546-4491

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2015

**Transaction ID : A050EB9D8322C4C3D826**

Amount of Each Receipt this Period  
Contribution  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John S. Landrum**

Mailing Address 2405 Brazoria St

City State Zip Code  
Houston TX 77019-6021

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

Name of Employer Occupation  
Information Requested Real estate investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : AA1A922FD6D85481DB54**

Amount of Each Receipt this Period  
Contribution  
250.00

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

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

3450.00

**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 111
	<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. Patrick C. Oxford**

Mailing Address 711 Louisiana St Ste 2300

City Houston	State TX	Zip Code 77002-2770
-----------------	-------------	------------------------

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

Name of Employer Bracewell & Giuliani	Occupation Attorney
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : A2FDA293B1F134D958D9**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Glenn W. Anderson**

Mailing Address 7028 Shadow Creek Ct

City Fort Worth	State TX	Zip Code 76132-4550
--------------------	-------------	------------------------

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

Name of Employer GAINSCO INC	Occupation CEO
---------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : AD89A6D559D9D4704A65**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Dr. George L. DeLoach**

Mailing Address 130 Fawn Rd

City Livingston	State TX	Zip Code 77351-8204
--------------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : ABFBB53388F334CD2A81**

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: PAGE 18 OF 111  
(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)  
**Mrs. Anne Garner**

Mailing Address **PO Box 717**

City **Woodville** State **TX** Zip Code **75979-0717**

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2015**

**Transaction ID : A3ED7FDBDBAF04DC6818**

Amount of Each Receipt this Period  
**200.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Steven Michael Primeaux Sr.**

Mailing Address **662 CR 2218**

City **Cleveland** State **TX** Zip Code **77327-1038**

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

Name of Employer **Tricare** Occupation **Adminsitrator**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1198.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2015**

**Transaction ID : A589760714A0E4CB6914**

Amount of Each Receipt this Period  
**1198.00**  
 In-kind:Facility rental

**C.** Full Name (Last, First, Middle Initial)  
**Mr. L Scott Barnes**

Mailing Address **8 Pine Briar Circle**

City **Houston** State **TX** Zip Code **77056-1113**

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

Name of Employer **TMK IPSCO** Occupation **Executive**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : A1C12893C21AB44F5A2D**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

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

**1648.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 111  
(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. Patrick E. Owens**

Mailing Address 2111 CR 1100

City Woodville State TX Zip Code 75979-6781

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : ABA3CF2640A484CCF9E8**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald P. Morse**

Mailing Address 15819 Bell Flower Dr

City San Antonio State TX Zip Code 78232-2722

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : A695FE26041E848EB9FF**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address PO Box 212

City Woodville State TX Zip Code 75979-0212

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

Name of Employer Self Employed Occupation Timber Industry

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A50EEBAFC3AB94F55A1A**

Amount of Each Receipt this Period  
 Contribution 2700.00

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

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

3200.00

**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 111
	<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. James Muncy**

Mailing Address 4539 Seminary Rd

City	State	Zip Code
Alexandria	VA	22304-1532

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

Name of Employer	Occupation
PoliSpace	Space Policy Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 03 / 2015

**Transaction ID : A9601CB5F76BA4CEC947**

Amount of Each Receipt this Period

500.00

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

Mailing Address 4601 Hamblen Ct

City	State	Zip Code
Seabrook	TX	77586-1820

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : A320963898CA84C97A6E**

Amount of Each Receipt this Period

1000.00

Contribution

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

Mailing Address 8195 Spire Court

City	State	Zip Code
Colorado Springs	CO	80919-3829

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

Name of Employer	Occupation
Self Employed	Pediatric Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 05 / 2015

**Transaction ID : A57B1DEFEB2BA4646A50**

Amount of Each Receipt this Period

250.00

**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 21 OF 111
	<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. Michel Bechtel**

Mailing Address 2522 South C St

City La Porte State TX Zip Code 77571-3688

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

Name of Employer Occupation  
Bechtel Exploration Company Geologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : A73B7DA901C56439D92E**

Amount of Each Receipt this Period  
 2700.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Myrtis Gibson Martindale**

Mailing Address PO Box 8

City Woodville State TX Zip Code 75979-0008

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

Name of Employer Occupation  
Retired Land Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A52CD0285760D450EBCA**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert B. Baker**

Mailing Address 3040 CR 2184

City Cleveland State TX Zip Code 77327-9658

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA87809D5543B451AB2B**

Amount of Each Receipt this Period  
 500.00

**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 22 OF 111
	<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)  
**Hon. James E. White**

Mailing Address **PO Box 22**

City **Hillister** State **TX** Zip Code **77624-0022**

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

Name of Employer **State of Texas** Occupation **State Representative**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 20 / 2015**

**Transaction ID : AF08F9432E58B438DBDB**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Travis Crews Riley**

Mailing Address **7659 S Boardwalk**

City **Lumberton** State **TX** Zip Code **77657-6922**

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

Name of Employer **RDS Software LLC** Occupation **Software Development**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 24 / 2015**

**Transaction ID : A2932615EBBCE4129B0A**

Amount of Each Receipt this Period  
**1000.00**  
 Contribution

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

Mailing Address **PO Box 54 Hwy 287**

City **Woodville** State **TX** Zip Code **75979-0054**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 14 / 2015**

**Transaction ID : A25E375CB8FB946988AF**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

**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 111
	<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>Dr. C. Tim Hung</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 5010 Braesheather Dr		<b>Transaction ID : A79415EBE7BCC4F2D81C</b>	
City Houston	State TX	Zip Code 77096-4205	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00	
Name of Employer Dentist	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>Hon. Alan R. Senac</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2015	
Mailing Address 13318 Bay Place Dr		<b>Transaction ID : AB217D9C46E1842EEB41</b>	
City Beach City	State TX	Zip Code 77523-8211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Chambers County	Occupation County Commissioner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Mr. Richard Coleman</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2015	
Mailing Address 6803 Hampshire Rd		<b>Transaction ID : A4A7DCC8DD6DD461584B</b>	
City Mc Lean	State VA	Zip Code 22101-1566	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> 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 24 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 6126 Sugar Hill Dr

City State Zip Code  
Houston TX 77057-1143

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

Name of Employer Occupation  
Kirby Inland Marine Senior Vice President Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A2AAF1BE2E34C4619BF1**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce W. Blake**

Mailing Address PO Box 10105

City State Zip Code  
Liberty TX 77575-7605

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

Name of Employer Occupation  
Self Employed Oil & Gas Properties

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : A302F45C2EC7442258A8**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 2025 Harbour Dr

City State Zip Code  
Houston TX 77058-4238

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

Name of Employer Occupation  
RiceTec Inc. COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A0D39ED05A4D744EBBD8**

Amount of Each Receipt this Period  
250.00

Contribution

**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 25 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ross H. Smith Jr.**

Mailing Address 102 Skylark Ave

City State Zip Code  
Bridge City TX 77611-2719

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

Name of Employer Occupation  
Akrotex Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : A9B2E70243B07478083A**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Paula L. Denson**

Mailing Address 287 CR 4025

City State Zip Code  
Woodville TX 75979-8732

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

Name of Employer Occupation  
Tyler County Family Medical Clinic Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015

**Transaction ID : A3F84C87EBAFE41F7902**

Amount of Each Receipt this Period  
400.00

Contribution

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

Mailing Address PO Box 717

City State Zip Code  
Woodville TX 75979-0717

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2015

**Transaction ID : A2C5F2F84220848538A8**

Amount of Each Receipt this Period  
200.00

**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: PAGE 26 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Larry G Allen**

Mailing Address **PO Box 1994**

City **Cleveland** State **TX** Zip Code **77328-1994**

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

Name of Employer **Self** Occupation **Larry Allen Construction**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : A7CAA8A97828D4D71A25**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Forrest William Edwards**

Mailing Address **7346 Clipper Oak Drive**

City **San Antonio** State **TX** Zip Code **78249-3638**

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

Name of Employer **Allied Barton Security** Occupation **Private Security Officer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : A1F35439D628D41A08B5**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry D. Meyers**

Mailing Address **412 First St SE**

City **Washington** State **DC** Zip Code **20003-1804**

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

Name of Employer **Meyers & Associates LLC** Occupation **Government Relations**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2015**

**Transaction ID : ADD71CAD16C7F49E0BFB**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

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

**1250.00**

**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 111
	<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)  
**Stuart O Witt**

Mailing Address 604 Sylvia St

City State Zip Code  
Ridgecrest CA 93555-3153

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

Name of Employer Occupation  
Mojave Air & Space Port General Manager & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2015

**Transaction ID : A3F6F3FF48B5F46A695E**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 219 Eastwood Ave

City State Zip Code  
Livingston TX 77351-3342

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2015

**Transaction ID : A1E5BAAB533024F158E4**

Amount of Each Receipt this Period  
2700.00

Contribution

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

Mailing Address 11717 FM 562

City State Zip Code  
Anahuac TX 77514-3069

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

Name of Employer Occupation  
Self Employed Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : AC21CA73875BE46F99CD**

Amount of Each Receipt this Period  
100.00

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

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

3300.00

**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 111
	<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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : AC6D10174648E4991A32**

Amount of Each Receipt this Period  
 100.00  
 Contribution

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

Mailing Address 464 S Horizon Way

City Branchburg State NJ Zip Code 08853-4026

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

Name of Employer Self Employed Occupation Orthodontist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : AF31364EEFFCA424EB3A**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Larry D. Meyers**

Mailing Address 412 First St SE

City Washington State DC Zip Code 20003-1804

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

Name of Employer Meyers & Associates LLC Occupation Government Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A0155043F495F462191D**

Amount of Each Receipt this Period  
 500.00  
 Contribution

**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: PAGE 29 OF 111  
(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. Bill Pattillo**

Mailing Address PO Box 580552

City Houston State TX Zip Code 77258-0552

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

Name of Employer Self Employed Occupation Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A7B5BF2B47F104FD2BDB**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Mrs. Jacques L. Blanchette**

Mailing Address 113 W Holly

City Woodville State TX Zip Code 75979-5203

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

Name of Employer Self Employed Occupation Insurance Agent

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : AF3C55D16C82E40F2B7C**

Amount of Each Receipt this Period  
**250.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John H. Moon Sr.**

Mailing Address PO Box 3487

City Pasadena State TX Zip Code 77501-3487

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

Name of Employer Moon Credit Corp. Occupation Management

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A82F4C57C79844CBAA8B**

Amount of Each Receipt this Period  
**2700.00**

Contribution

**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 30 OF 111			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frederic C Warner Jr.**

Mailing Address 2803 Ferndale St

City	State	Zip Code
Houston	TX	77098-1115

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

Name of Employer	Occupation
Memorial Hermann	Vice President/Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		18		2015

**Transaction ID : A0DD63FA1C2454BBCB76**

Amount of Each Receipt this Period

500.00
--------

Contribution

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

Mailing Address PO Box 667

City	State	Zip Code
Houston	TX	77001-0667

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : AD2D0252B2C36464D81A**

Amount of Each Receipt this Period

2500.00
---------

Contribution

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

Mailing Address 3040 Post Oak Blvd Ste 1100

City	State	Zip Code
Houston	TX	77056-6540

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

Name of Employer	Occupation
Frontera Resources	Vice President, Business Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : A6787A80027D843D9A12**

Amount of Each Receipt this Period

500.00
--------

Contribution

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

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

3500.00
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**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 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Janice E Meador**

Mailing Address 4012 Paraguay Circle

City Pasadena	State TX	Zip Code 77504-2318
------------------	-------------	------------------------

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

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A329C71D62FAE474F95D**

Amount of Each Receipt this Period  
 2700.00  
 Contribution

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

Mailing Address BAD ADD2625 Connecticut Avenue NW

City Washington	State DC	Zip Code 20008-1543
--------------------	-------------	------------------------

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

Name of Employer Nanoracks	Occupation Executive
-------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2015

**Transaction ID : ADD0A8E8B968F469F9CE**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address 3913 Breezeway Ct

City Seabrook	State TX	Zip Code 77586-1631
------------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : AC9839FE1B19A403A819**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

3700.00

**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 111
	<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. Holloway Frost**

Mailing Address 602 Pinehaven Dr

City Houston	State TX	Zip Code 77024-3729
-----------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : ABBE9D7A8BCFB4971ACE**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Brent C Perry**

Mailing Address 14234 Ridgewood Lake Ct

City Houston	State TX	Zip Code 77062-2349
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A2BDCF081F4214633A56**

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William L. H. Morgan Jr.**

Mailing Address 12815 Gulf Fwy

City Houston	State TX	Zip Code 77034-4807
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : A4C5D61E952744DEE917**

Amount of Each Receipt this Period  
250.00

**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 33 OF 111
	<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 D Welch**

Mailing Address 300 Wimberley Ranch Dr

City Wimberley	State TX	Zip Code 78676-4131
-------------------	-------------	------------------------

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

Name of Employer Welch Dental Group	Occupation Dentist
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A8189752C01544F41A67**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 22 S Windsail PI

City Spring	State TX	Zip Code 77381-3329
----------------	-------------	------------------------

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

Name of Employer Millenium Physicians	Occupation Internal Medicine
--	---------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : AB1B33F8A5CB34B71B79**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1000 Louisiana Ste 1700

City Houston	State TX	Zip Code 77002-5001
-----------------	-------------	------------------------

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

Name of Employer Greenberg Traurig, LLP	Occupation Attorney
--	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA131B334BA0F49D6999**

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 34 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 5240 Mertlot 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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : AF98EBFCAD2744B2781E**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Terry R. Brown**

Mailing Address 2504 Wild Wind Place

City State Zip Code  
Spring TX 77380-1339

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

Name of Employer Occupation  
Self Employed Insurance Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : AD829D7D3113E4F92A51**

Amount of Each Receipt this Period  
 2000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jerry Lynn Tolbert**

Mailing Address PO Box 155

City State Zip Code  
Woodville TX 75979-0155

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A6415E50F48F1448BB8F**

Amount of Each Receipt this Period  
 350.00  
 Contribution

**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 35 OF 111
	<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. Steven Finkelman**

Mailing Address 5303 Braesheather Dr

City Houston State TX Zip Code 77096-4109

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

Name of Employer Scope Imports, Inc. Occupation Chief Financial Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : AE87144BD21B14E02852**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3306 Poplar Run Ct

City Houston State TX Zip Code 77059-3749

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

Name of Employer Hydrocarbon Resource Recovery Occupation Trader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A735AF2ADCE744EBCA0E**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 520 Charmaine Dr S

City Woodville State TX Zip Code 75979-7320

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : A1A9D309D3D874B74B80**

Amount of Each Receipt this Period  
 250.00

Contribution

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 36 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tommy L Johnson**

Mailing Address **PO Box 1096**

City State Zip Code  
**Cleveland TX 77328-1096**

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

Name of Employer Occupation Information Requested  
**Retired Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 02 2015**

**Transaction ID : A01DD714BCEF34FDB8B0**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **602 Pinehaven Dr**

City State Zip Code  
**Houston TX 77024-3729**

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

Name of Employer Occupation Information Requested  
**Retired Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : A3EA37305797F47D6AE2**

Amount of Each Receipt this Period  
**2500.00**

Contribution

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

Mailing Address **PO Box 667**

City State Zip Code  
**Houston TX 77001-0667**

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

Name of Employer Occupation Information Requested  
**Retired Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : AE3EFA612E50E41518C9**

Amount of Each Receipt this Period  
**2500.00**

Contribution

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

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

**6000.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 111  
(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. Steven S Harter**

Mailing Address 8 Winston Wood Dr

City State Zip Code  
Houston TX 77024-7049

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

Name of Employer Occupation  
Texas Taxi Inc Chairman / CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : AE425514AAEE44CBAB42**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 13009 S 83rd Ct

City State Zip Code  
Palos Park IL 60464-2144

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

Name of Employer Occupation  
Drs Brasky, Feldner & Assoc. Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A3D1E9943EE504F038B0**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Marilyn J. Burt**

Mailing Address 2503 Swan Ct

City State Zip Code  
Houston TX 77058-3716

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

Name of Employer Occupation  
Coldwell Bank United, Realtors Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
236.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : AE52EAE8490634FAC9A5**

Amount of Each Receipt this Period  
 Contribution 100.00

**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 38 OF 111
	<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. Maximo A Tejada**

Mailing Address 8799 North Loop East  
Suite 300

City Houston State TX Zip Code 77029-1242

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

Name of Employer Tejas Tubular Products Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : A3C2316A57A264B84800**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 400 Galahad Loop Rd

City Woodville State TX Zip Code 75979-7673

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
286.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : A1BE363905B8F406C982**

Amount of Each Receipt this Period  
 Contribution 286.00

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

Mailing Address 108 Forse Dr

City Woodville State TX Zip Code 75979-5661

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

Name of Employer Millennium Real Esate Occupation Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : A0EC3300330644622896**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1536.00

**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 39 OF 111
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hon. John C Otto**

Mailing Address **PO Box 985**

City **Dayton** State **TX** Zip Code **77535-0017**

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

Name of Employer **State of Texas** Occupation **State Representative**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 02 / 2015**

**Transaction ID : A401C691494DA4AECAA**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William F. Burge III**

Mailing Address **2028 Buffalo Terrace**

City **Houston** State **TX** Zip Code **77019-2408**

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

Name of Employer **Ayrshire Corportion** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : A00A65D00FD3449B79D6**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

Mailing Address **4539 Seminary Rd**

City **Alexandria** State **VA** Zip Code **22304-1532**

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

Name of Employer **PoliSpace** Occupation **Space Policy Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A2A4B456E0C1B48D7B7B**

Amount of Each Receipt this Period  
**1500.00**

**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 40 OF 111
	<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. Bill Pattillo**

Mailing Address **PO Box 580552**

City **Houston** State **TX** Zip Code **77258-0552**

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

Name of Employer **Self Employed** Occupation **Engineer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 06 / 2015**

**Transaction ID : A9EA4F5FE365143F5AA0**

Amount of Each Receipt this Period  
 Contribution **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Judith A DuBose**

Mailing Address **186 N Burnett Dr**

City **Baytown** State **TX** Zip Code **77520-1104**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : A79BF9CF96CFA47E68B1**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

Mailing Address **14907 Sun Harbor Dr**

City **Houston** State **TX** Zip Code **77062-2827**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : A3A8B5CA20EF3481690C**

Amount of Each Receipt this Period  
 Contribution **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: PAGE 41 OF 111  
(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. John H. Moon Sr.**

Mailing Address **PO Box 3487**

City **Pasadena** State **TX** Zip Code **77501-3487**

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

Name of Employer **Moon Credit Corp.** Occupation **Management**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3700.00**

Date of Receipt  
**09 / 22 / 2015**

**Transaction ID : A9F350820481C4944A86**

Amount of Each Receipt this Period  
**-1000.00**

Redesignation from Memo  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John H. Moon Sr.**

Mailing Address **PO Box 3487**

City **Pasadena** State **TX** Zip Code **77501-3487**

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

Name of Employer **Moon Credit Corp.** Occupation **Management**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3700.00**

Date of Receipt  
**09 / 22 / 2015**

**Transaction ID : A26EC5995C79647BD83F**

Amount of Each Receipt this Period  
**1000.00**

Redesignation to Memo  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Glenn W. Anderson**

Mailing Address **7028 Shadow Creek Ct**

City **Fort Worth** State **TX** Zip Code **76132-4550**

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

Name of Employer **GAINSCO INC** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
**09 / 28 / 2015**

**Transaction ID : A1649B4AB6A2349A299E**

Amount of Each Receipt this Period  
**-500.00**

NOTE:Reattribute TO Spouse  
**[MEMO ITEM]**

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

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

**0.00**

**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 111
	<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. Robyn E. Anderson**

Mailing Address 7028 Shadow Creek Ct

City State Zip Code  
Fort Worth TX 76132-4550

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

Name of Employer Occupation  
Self Employed Travel Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A2C2A98D6BD5C4322BAB**

Amount of Each Receipt this Period  
500.00

NOTE: Reattribute FROM Spouse

**[MEMO ITEM]**

**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 M / D 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 M / D 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).....

0.00

80134.00

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

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

FOR LINE NUMBER: PAGE 43 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A. American Maritime Officers Voluntary PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 66  
 City State Zip Code  
 Dania Beach FL 33004-0066  
 FEC ID number of contributing federal political committee. **C C00027532**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : AC3498FEA21064C02A43**  
 Amount of Each Receipt this Period  
 2500.00

**B. Nucor PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1915 Rexford Rd  
 City State Zip Code  
 Charlotte NC 28211-3465  
 FEC ID number of contributing federal political committee. **C C00379628**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : A28290797B2BB47D6AC2**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. Sierra Nevada PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 50193  
 City State Zip Code  
 Sparks NV 89435-0193  
 FEC ID number of contributing federal political committee. **C C00367995**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : A00386ED3A61A4FB8AD1**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution

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

6000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 111  
(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)  
**Dell Inc. Employee PAC**

Mailing Address 1225 Eye St NW Ste 300

City Washington State DC Zip Code 20005-5955

FEC ID number of contributing federal political committee. **C C00369751**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : A0B12A5FAD5ED407FBAD**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 7900 Tysons One PI FL 14

City McLean State VA Zip Code 22102-5972

FEC ID number of contributing federal political committee. **C C00412403**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : A658268FA811B4678995**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : A71F43A605C994254BFF**

Amount of Each Receipt this Period  
 Contribution 5000.00

**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: PAGE 45 OF 111  
(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)  
**Political Action Committee of the AAOS**

Mailing Address 317 Massachusetts Ave NE 1st Floor

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AF975CDE58E404A16875**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3500.00

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

Mailing Address 800 17th Street, NW, Suite 1100

City Washington State DC Zip Code 20006-3962

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AF2C948FCFB104FCE928**

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

**C.** Full Name (Last, First, Middle Initial)  
**Covington & Burling LLP PAC**

Mailing Address 850 10th St NW

City Washington State DC Zip Code 20001-4956

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA255BFAFF1BD44B6A34**

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

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

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

\_\_\_\_\_ 5500.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 46 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 504 Thrasher St

City Norcross State GA Zip Code 30071-1967

FEC ID number of contributing federal political committee. **C C00117424**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A596292FB40984C8BB54**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers of American Political Action Committee**

Mailing Address 805 15th Street NW, Ste. 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : A83E0ACE421A841B5925**

Amount of Each Receipt this Period  
 Contribution 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Home Builders PAC**

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : AB8E0DD076EFF4382A2C**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

4000.00

**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 111
	<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)  
**Raytheon PAC**

Mailing Address 1100 Wilson Blvd, Ste. 1500

City State Zip Code  
Arlington VA 22209-3900

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : A053AA70B38D24DEF936**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A54BA0D6318AA424BA50**

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Gulf States Toyota Inc. Federal PAC**

Mailing Address 1375 Enclave Pkwy

City State Zip Code  
Houston TX 77077-2026

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : A24FC170969E949599B7**

Amount of Each Receipt this Period  
1500.00

**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 48 OF 111
	<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. Employees of Northrop Grumman Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042-4511

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : A942325F660431AAE6**

Amount of Each Receipt this Period  
 Contribution 2500.00

**B. Science Applications Intl Corp Voluntary PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 151 Lafayette Dr

City Oak Ridge State TN Zip Code 37830-6865

FEC ID number of contributing federal political committee. **C C00300418**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AC7E63D4FD62B47E4935**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C. Denbury Resources Inc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5320 Legacy Dr

City Plano State TX Zip Code 75024-3127

FEC ID number of contributing federal political committee. **C C00440651**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : A9E06ECF060AE4AE98DC**

Amount of Each Receipt this Period  
 Contributin 1000.00

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

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

4500.00

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U.S. Travel Association PAC**

Mailing Address 1100 New York Ave NW Ste 450W

City Washington State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : ABB62196CEBC6499ABFE**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 20533 Biscayne Blvd Ste 250

City Miami State FL Zip Code 33180-1529

FEC ID number of contributing federal political committee. **C C00492579**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A9E3C1219F76D468E85E**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC**

Mailing Address 1101 King St Ste 600

City Alexandria State VA Zip Code 22314-2965

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : A9B9720B1D310494DAD1**

Amount of Each Receipt this Period  
 2000.00

Contribution

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 50 OF 111  
(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. Scalise for Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2900 Clearview Pkwy Ste 206  
 City State Zip Code  
 Metairie LA 70006-6532  
 FEC ID number of contributing federal political committee. **C C00394957**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : A9F03475178B84A5587A**  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution

**B. American Society of Anesthesiologists PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1061 American Ln  
 City State Zip Code  
 Schaumburg IL 60173-4973  
 FEC ID number of contributing federal political committee. **C C00255752**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015  
**Transaction ID : A93CA76AF71A34F59BA5**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution

**C. West Gulf Maritime Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1717 East Loop Ste 200  
 City State Zip Code  
 Houston TX 77029-4018  
 FEC ID number of contributing federal political committee. **C C00297671**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : ACB3C30F8D9D44C868EA**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

5500.00

**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 51 OF 111
	<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 Council of Engineering Companies PAC**

Mailing Address 1015 15th St NW Ste 802

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A2C9656661C6040B58B2**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address PO Box 2958

City Danbury State CT Zip Code 06813-2958

FEC ID number of contributing federal political committee. **C C00283440**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : A02C50BEFF92143AE915**

Amount of Each Receipt this Period  
 Contribution 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC**

Mailing Address PO Box 619911

City Dallas State TX Zip Code 75261-9911

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A615AE92247E74166887**

Amount of Each Receipt this Period  
 Contribution 1500.00

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

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

4500.00

**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 52 OF 111
	<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. Space Exploration Technologist Corp PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Rocket Rd

City Hawthorne State CA Zip Code 90250-6844

FEC ID number of contributing federal political committee. **C C00411116**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : A3323B089AE9D4063961**

Amount of Each Receipt this Period  
4000.00

**B. Florida Congressional Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 6100 Hollywood Blvd Ste 305

City Hollywood State FL Zip Code 33024-7981

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A57BD6D06A8DD42109AC**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Dairy Farmers of America, Inc. - DEPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 10220 N Ambassador Dr

City Kansas City State MO Zip Code 64153-1367

FEC ID number of contributing federal political committee. **C C00001388**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : A28E8C68AEB784445BE6**

Amount of Each Receipt this Period  
1000.00

Contribution

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

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

6000.00

**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 53 OF 111
	<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)  
**Aircraft Owners and Pilots Association PAC**

Mailing Address 421 Aviation Way

City State Zip Code  
Frederick MD 21701-4756

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A071E215121F74DCEAC5**

Amount of Each Receipt this Period  
 Contribution 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Optometric Association PAC**

Mailing Address 1505 Prince St Ste 300

City State Zip Code  
Alexandria VA 22314-2874

FEC ID number of contributing federal political committee. **C C00024968**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : AD588C5F15CD94C15867**

Amount of Each Receipt this Period  
 Contribution 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Waterways Operators PAC**

Mailing Address 801 N Quincy St Ste 200

City State Zip Code  
Arlington VA 22203-1708

FEC ID number of contributing federal political committee. **C C00034678**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A36E41ED2C31D44BCA5F**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

6000.00

**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 54 OF 111
	<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. The Dow Chemical Company Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2030 Dow Center

City Midland State MI Zip Code 48674-1500

FEC ID number of contributing federal political committee. **C C00074096**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA356EB30C5A54BA1A75**

Amount of Each Receipt this Period  
 1000.00

**B. Seafarers Political Activity Donation**

Full Name (Last, First, Middle Initial)  
Mailing Address 5201 Auth Way

City Camp Springs State MD Zip Code 20746-4211

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : A8F8887A8689845389D8**

Amount of Each Receipt this Period  
 1000.00

**C. Trucking PAC of the American Trucking Association Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 First St SE

City Washington State DC Zip Code 20003-1826

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AD1A34554C1884C589E2**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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 55 OF 111
	<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)  
**Air Products Political Alliance**

Mailing Address **PO Box 441**

City **Trexlertown** State **PA** Zip Code **18087-0441**

FEC ID number of contributing federal political committee. **C C00127258**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : ABDD6EDDF5A2443BE875**

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

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

Mailing Address **55 Waugh Dr Ste 1000**

City **Houston** State **TX** Zip Code **77007-5834**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A89B6CC29B7764A62BB4**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Political Action Committee of the AAOS**

Mailing Address **317 Massachusetts Ave NE 1st Floor**

City **Washington** State **DC** Zip Code **20002-5769**

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A9C2EB640A2F14128924**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1500.00**

Contribution

**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: PAGE 56 OF 111  
(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)  
**Orbital ATK Inc. PAC**

Mailing Address 1300 Wilson Blvd Ste 1100

City State Zip Code  
Arlington VA 22209-2313

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : A1B29610BC4704E9DB2C**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**USA Rice Federation PAC**

Mailing Address 2101 Wilson Blvd Ste 610

City State Zip Code  
Arlington VA 22201-3040

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AA7C1123532924A77A55**

Amount of Each Receipt this Period  
 Contribution 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**The Schwan Food Company PAC**

Mailing Address 115 W College Dr

City State Zip Code  
Marshall MN 56258-1747

FEC ID number of contributing federal political committee. **C C00360362**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : AAC50CE71AAE84854B78**

Amount of Each Receipt this Period  
 Contribution 1000.00

**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 57 OF 111
	<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)  
**Microsoft Corporation PAC**

Mailing Address 16011 NE 36th Way

City Redmond State WA Zip Code 98052-6301

FEC ID number of contributing federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A822BF1FAE1AB4288B8D**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**National Ocean Industries Association**

Mailing Address 1120 G Street, NW Ste. 900

City Washington State DC Zip Code 20005-3801

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : AE99B3CE94FF7468DB07**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 600 Maryland Ave SW Ste 850E

City Washington State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A56622528894945459AA**

Amount of Each Receipt this Period  
 2000.00

Contribution

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

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

4000.00

**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 58 OF 111
	<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)  
**Ford Motor Company Civic Action Fund**

Mailing Address **PO Box 75000**

City **Detroit** State **MI** Zip Code **48275-0001**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A436C317B6C1743E9BFB**

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

**B.** Full Name (Last, First, Middle Initial)  
**Solvay Political Action Fund**

Mailing Address **3333 Richmond Ave**

City **Houston** State **TX** Zip Code **77098-3007**

FEC ID number of contributing federal political committee. **C C00520254**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : A62699B72E7D4475C85F**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Aerojet Rocketdyne & Gencorp PAC**

Mailing Address **PO Box 13222**

City **Sacramento** State **CA** Zip Code **95813-3222**

FEC ID number of contributing federal political committee. **C C00129122**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2015**

**Transaction ID : A2FFE5C070B3949B9BBB**

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

Contribution

**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: PAGE 59 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 10200 Bellaire Blvd

City State Zip Code  
Houston TX 77072-5206

FEC ID number of contributing federal political committee. **C C00035691**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : A0D8B5EF8CC40482685B**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Citizens State Bank Woodville Texas PAC**

Mailing Address PO Drawer 109

City State Zip Code  
Woodville TX 75979-0109

FEC ID number of contributing federal political committee. **C C00094318**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : A3FE1B13AC23A4660BE0**

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' PAC**

Mailing Address 2121 Crystal Dr Ste 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : AF15372B5D75F4A8BB13**

Amount of Each Receipt this Period  
1000.00

Contribution

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

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

3750.00

**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 60 OF 111
	<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)  
**Amegy Bank of Texas National PAC**

Mailing Address 4400 Post Oak Pkwy

City Houston State TX Zip Code 77027-3421

FEC ID number of contributing federal political committee. **C** C00283069

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A7C2997400F8F4E55BDF**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Group 1 Automotive, Inc. PAC**

Mailing Address 800 Gessner Ste 500

City Houston State TX Zip Code 77024-4498

FEC ID number of contributing federal political committee. **C** C00373837

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : ABC301C7F1DB9405FB37**

Amount of Each Receipt this Period  
 Contribution 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave NW Ste 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : AE6E8CF92328E447ABEC**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

4250.00

**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 61 OF 111
	<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)  
**Orbital ATK Inc. PAC**

Mailing Address 1300 Wilson Blvd Ste 1100

City State Zip Code  
Arlington VA 22209-2313

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : A122688D8DE4840CC943**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

Mailing Address PO Box 10134

City State Zip Code  
Bakersfield CA 93389-0134

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : A61A7424C384A4912B72**

Amount of Each Receipt this Period  
 Contribution 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Wal-Mart Stores PAC**

Mailing Address 702 SW 8th Street

City State Zip Code  
Bentonville AR 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A67C78C267CF74E7BBAA**

Amount of Each Receipt this Period  
 Contribution 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 62 OF 111
	<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. Wal-Mart Stores PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : A4ECF577963B247F1A7E**

Amount of Each Receipt this Period  
 1000.00

**B. American Chemistry Council (AmeriChem PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 2nd St, NE

City Washington State DC Zip Code 20002-8100

FEC ID number of contributing federal political committee. **C C00252338**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : AE82ED8F280DC494D8F4**

Amount of Each Receipt this Period  
 2500.00

Contribution

**C. Dealers Election Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 412 First St SE

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

**Transaction ID : AD6D16F7765DC4693847**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 111  
(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. Oral and Maxillofacial Surgery PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9700 W Bryn Mawr Ave  
 City Rosemont State IL Zip Code 60018-5701  
 FEC ID number of contributing federal political committee. **C** C00005660  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : A871DF55D32EA4A9CB9A**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

**B. Jobs, Economy and Budget Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 30844  
 City Bethesda State MD Zip Code 20824-0844  
 FEC ID number of contributing federal political committee. **C** C00420695  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : AD8598A58EC8F4AD09A7**  
 Amount of Each Receipt this Period  
 Contribution 2500.00

**C. The Home Depot PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 F St NW Ste 400  
 City Washington State DC Zip Code 20004-1346  
 FEC ID number of contributing federal political committee. **C** C00284885  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : A617F075550C94E94AEC**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

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

4500.00

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

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

FOR LINE NUMBER: PAGE 64 OF 111  
(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. Sugar Cane Growers Cooperative of Florida PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 666  
 City Belle Glade State FL Zip Code 33430-0666  
 FEC ID number of contributing federal political committee. **C** C00254656  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : A1C6EF856BA9044A8B9A**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

**B. American Forest & Paper Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 K St NW Ste 700  
 City Washington State DC Zip Code 20005-4210  
 FEC ID number of contributing federal political committee. **C** C00029348  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : AAF74725AAE26432BA95**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

**C. Johnny Isbell Campaign Account**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 177  
 City Pasadena State TX Zip Code 77501-0177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : A4849C63C744246E5A68**  
 Amount of Each Receipt this Period  
 Contribution 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 65 OF 111
	<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. Liberty Project**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 53866  
 City Lubbock State TX Zip Code 79453-3866  
 FEC ID number of contributing federal political committee. **C** C00446625  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : AD0BD4B4A59B345F48F4**  
 Amount of Each Receipt this Period  
 1000.00

**B. Lockheed Martin Employees' PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Dr Ste 100  
 City Arlington State VA Zip Code 22202-3706  
 FEC ID number of contributing federal political committee. **C** C00303024  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015  
**Transaction ID : ADEB9FCA7F9EB4407906**  
 Amount of Each Receipt this Period  
 1000.00

**C. Transportation Intermediaries Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 Prince St Ste 200  
 City Alexandria State VA Zip Code 22314-2883  
 FEC ID number of contributing federal political committee. **C** C00335091  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015  
**Transaction ID : ACA2505D724B2450D9AA**  
 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 66 OF 111
	<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 Air Liquide Holdings, Inc. PAC**

Mailing Address 2700 Post Oak Blvd Ste 1800

City Houston State TX Zip Code 77056-5797

FEC ID number of contributing federal political committee. **C C00314054**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : A24D12033113046738C4**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4522 Young St

City Pasadena State TX Zip Code 77504-2933

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : AF136060E27AD4875B8B**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

Mailing Address 1101 Pennsylvania Ave NW Ste 200

City Washington State DC Zip Code 20004-2514

FEC ID number of contributing federal political committee. **C C00034405**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : AD413C283EC7241EFB7B**

Amount of Each Receipt this Period  
 1000.00

Contribution

**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 67 OF 111
	<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)  
**IPAA Wildcatters Fund**

Mailing Address 1201 15th St NW Ste 300

City Washington State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : AA69B6F6F493847569B8**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Oral and Maxillofacial Surgery PAC**

Mailing Address 9700 W Bryn Mawr Ave

City Rosemont State IL Zip Code 60018-5701

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : A6F59A57E041545D78F4**

Amount of Each Receipt this Period  
 4000.00

**C.** Full Name (Last, First, Middle Initial)  
**Locke Lord LLP PAC**

Mailing Address 600 Travis Ste 2800

City Houston State TX Zip Code 77002-2914

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A42717FA29CB843E6B14**

Amount of Each Receipt this Period  
 500.00

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

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

5500.00

**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 68 OF 111
	<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. US Rice Producers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Independence Ave SE  
 c/o Cornerstone Government Affairs  
 City Washington State DC Zip Code 20003-1021  
 FEC ID number of contributing federal political committee. **C C00383661**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : AA874AEF8E27A4B47A91**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

**B. Lyondell Chemical Company PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1221 McKinney St Ste 700  
 City Houston State TX Zip Code 77010-2045  
 FEC ID number of contributing federal political committee. **C C00306175**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : A7C6D73A90C2D4AC8AF4**  
 Amount of Each Receipt this Period  
 Contribution 1000.00

**C. Virgin Galactic, LLC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Bleecker St  
 City New York State NY Zip Code 10012-2420  
 FEC ID number of contributing federal political committee. **C C00503425**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : A0D6621ABA6F4461E819**  
 Amount of Each Receipt this Period  
 Contribution 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: PAGE 69 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Compass Bancshares, Inc. PAC**

Mailing Address PO Box 10566

City Birmingham State AL Zip Code 35296-0001

FEC ID number of contributing federal political committee. **C** C00142596

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : AB6A8C800D3E14FA1A63**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 101 Constitution Ave NW Ste 500W

City Washington State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : AD10E1A69C6D444F58F9**

Amount of Each Receipt this Period  
 2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

FEC ID number of contributing federal political committee. **C** C00303305

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A5F4A027039B14EE8A33**

Amount of Each Receipt this Period  
 2000.00

Contribution

**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 70 OF 111
	<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)  
**United Technologies**

Mailing Address **One Financial Plaza**

City **Hartford** State **CT** Zip Code **06103-2608**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : AFCB00D0812D7467F88B**

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

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Union Pacific Corporation Fund for Effective Government**

Mailing Address **700 13th St NW Ste 350**

City **Washington** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C C00010470**

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2015**

**Transaction ID : AB87F459A0FD747B6ADD**

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

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' PAC**

Mailing Address **2121 Crystal Dr Ste 100**

City **Arlington** State **VA** Zip Code **22202-3706**

FEC ID number of contributing federal political committee. **C C00303024**

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

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : A440E430951E64C0EB55**

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: PAGE 71 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2015

**Transaction ID : AD952B2D8CF814F0A95E**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address 1300 W 120th Ave

City Westminster State CO Zip Code 80234-2726

FEC ID number of contributing federal political committee. **C** C00370585

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : A825805A86095404D9A9**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Assoc Int'l PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 27 / 2015

**Transaction ID : A69AB0DC006CE4CB4857**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**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 72 OF 111
	<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)**  
**The Williams Companies, Inc. PAC**

Mailing Address 1627 I St NW Ste 900

City Washington State DC Zip Code 20006-4057

FEC ID number of contributing federal political committee. **C C00040394**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A4F98095C92124646B15**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B. Full Name (Last, First, Middle Initial)**  
**Locke Lord LLP PAC**

Mailing Address 600 Travis Ste 2800

City Houston State TX Zip Code 77002-2914

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : AEAAC3F245F7446D59C6**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**Koch Industries, Inc. PAC**

Mailing Address 600 14th St NW Ste 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A4C24E13C6C7A4FCAA06**

Amount of Each Receipt this Period  
 Contribution 2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 73 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address 403 E Capitol St SE

City Washington State DC Zip Code 20003-3810

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : ABC37C0C48FAD4B60863**

Amount of Each Receipt this Period  
 Contribution 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Academy of Dermatology Association PAC**

Mailing Address 1445 New York Ave NW Ste 800

City Washington State DC Zip Code 20005-2125

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : A79D86FE509634F278A9**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Dental Association PAC**

Mailing Address 1111 14th St NW Ste 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : A6BB40A5DEE8B4475A54**

Amount of Each Receipt this Period  
 Contribution 5000.00

**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 74 OF 111
	<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)  
**Lowe's Companies Inc. PAC**

Mailing Address 1000 Lowe's Blvd

City Mooresville State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AD1772AEB876048C09D1**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1299 Pennsylvania Ave NW Ste 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : AD5E49C2FAEC04543B47**

Amount of Each Receipt this Period  
 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 800 10th St NW Ste 400

City Washington State DC Zip Code 20001-5189

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : A0D699C88EB0D47FCA9E**

Amount of Each Receipt this Period  
 1500.00

Contribution

**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 75 OF 111
	<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. Committee on Pipe & Tube Imports Federal PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 900 7th St NW Ste 500

City Washington State DC Zip Code 20001-4017

FEC ID number of contributing federal political committee. **C C00436485**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2015

**Transaction ID : ADF4BF90EBAB54A0C920**

Amount of Each Receipt this Period  
 Contribution 500.00

**B. IHeartRadio Inc., Clear Channel Outdoor Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 200 E Bass Rd

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. **C C00279216**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : A6E0306D4493E4764963**

Amount of Each Receipt this Period  
 Contribution 500.00

**C. Enterprise Holdings, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : A3054D08251084005972**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

2000.00

**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 76 OF 111
	<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)  
**Lockheed Martin Employees' PAC**

Mailing Address 2121 Crystal Dr Ste 100

City State Zip Code  
Arlington VA 22202-3706

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : AF17D576AC7A9447FA3D**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 824 S Milledge Ave

City State Zip Code  
Athens GA 30605-1332

FEC ID number of contributing federal political committee. **C C00412288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : A6C7FCA9D348F4A38B24**

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**National Stone, Sand & Gravel Association (ROCKPAC)**

Mailing Address 1605 King St

City State Zip Code  
Alexandria VA 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : ADF3FBC5753F94638817**

Amount of Each Receipt this Period  
1000.00

Contribution

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

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

4500.00

**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 77 OF 111
	<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)  
**Eye of the Tiger PAC**

Mailing Address **PO Box 2485**

City **Springfield** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2015**

**Transaction ID : AE86F2318F37F43F7A2F**

Amount of Each Receipt this Period  
**3000.00**  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address **PO Box 2485**

City **Springfield** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2015**

**Transaction ID : A86FFA73C8D3C4DE3B79**

Amount of Each Receipt this Period  
**-3000.00**  
 Redesignation from Memo  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address **PO Box 2485**

City **Springfield** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 24 / 2015**

**Transaction ID : A83BEA59ECAC546E0A37**

Amount of Each Receipt this Period  
**3000.00**  
 Redesignation to Memo  
**[MEMO ITEM]**

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

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

**3000.00**

**154000.00**

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

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

FOR LINE NUMBER: PAGE 78 OF 111  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

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

Mailing Address Unknown

City State Zip Code  
00000

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

Name of Employer Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2315.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : A2A21488F5BE143E88ED**

Amount of Each Receipt this Period  
2315.84

NOTE: See Form 99 / Fraudulent charges

**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).....

2315.84

2315.84

**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 79 OF 111			
	<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. Mr. Steven Michael Primeaux Sr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 662 CR 2218		Amount of Each Disbursement this Period 1198.00 <b>Transaction ID : B589760714A0E4CB6914</b>
City Cleveland State TX Zip Code 77327-1038	Purpose of Disbursement In-kind: Facility rental	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 205 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 1950.00 <b>Transaction ID : BBA5D828BDEF04646AC8</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Campaign Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Adaptive Tech Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 203 Ivy Ave #603		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : BB15EC05E9A314C23A43</b>
City Deer Park State TX Zip Code 77536-2747	Purpose of Disbursement Web host provider	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3498.00
<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 80 OF 111			
	<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. Red Scope Studios</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 3 Sugar Creek Center		Amount of Each Disbursement this Period 227.33 <b>Transaction ID : BE63605AC1233491393F</b>
City State Zip Code Sugar Land TX 77478-2210	Purpose of Disbursement Printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 516 N Washington St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : BB1C7D70274D74B6BB62</b>
City State Zip Code Alexandria VA 22314-2314	Purpose of Disbursement Fundraising consultant	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Republican Congressional Spouses Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 2336 S Queen Street		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : B9E178A29F48F46438DB</b>
City State Zip Code Arlington VA 22202-1549	Purpose of Disbursement Luncheon meeting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1262.33
<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 81 OF 111			
	<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. Pamela Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 550 Julie Rivers Drive, Ste 310		Amount of Each Disbursement this Period 382.12 Transaction ID : BC017C5EFD0143D4B6C
City Sugar Land	State TX	
Zip Code 77478-2846	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 28.75 Transaction ID : B4F5148C5B8A14915B5D
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 316.25 Transaction ID : B27DC7DF0097F43729F2
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	727.12
<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 82 OF 111			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 43.13 <b>Transaction ID : BA22898EEAF6D4577BEB</b>
City San Francisco State CA Zip Code 94105-3718	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 2.07 <b>Transaction ID : B65B67D8269BE4D8B818</b>
City San Francisco State CA Zip Code 94105-3718	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 394.69 <b>Transaction ID : B09F5C083D4064002842</b>
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Utilities/Cell phone	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	439.89
<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 83 OF 111			
	<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. Quickbooks Online</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 34.07		
City Mountain View	State CA	Zip Code 94043-1126	Transaction ID : <b>B65D4EB40BA774E9FB3C</b>		
Purpose of Disbursement Accounting service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Online</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 33.26		
City Mountain View	State CA	Zip Code 94043-1126	Transaction ID : <b>BBC2ED8D36071462FAAC</b>		
Purpose of Disbursement Payroll service		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015		
Mailing Address 307 W. Wheat St			Amount of Each Disbursement this Period 1020.81		
City Woodville	State TX	Zip Code 75979-9402	Transaction ID : <b>BA734269D4F274686B4E</b>		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1088.14
<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 84 OF 111			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 28.75 <b>Transaction ID : BEFFD9C8CA7F54E068BF</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 4.14 <b>Transaction ID : B85B38CD513C6445A861</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Coins for Anything</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 100 Industrial Drive		Amount of Each Disbursement this Period 1973.00 <b>Transaction ID : B89241D60D41742588ED</b>
City Fredericksburg	State VA Zip Code 22408-2410	
Purpose of Disbursement Promotional Materials		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2005.89
<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 85 OF 111			
	<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 MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1319 Classen Drive		Amount of Each Disbursement this Period 20900.00 <b>Transaction ID : BEBE8E334A8CA4BE6B7A</b>
City Oklahoma City	State OK Zip Code 73103-2412	
Purpose of Disbursement Polling	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winfrey &amp; Company</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 516 N Washington St		Amount of Each Disbursement this Period 7150.00 <b>Transaction ID : B87FA6137053F4986962</b>
City Alexandria	State VA Zip Code 22314-2314	
Purpose of Disbursement Fundraising Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Texas Mailhouse Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO Box 14128		Amount of Each Disbursement this Period 1367.57 <b>Transaction ID : B08995CD834A84F138B3</b>
City Austin	State TX Zip Code 78761-4128	
Purpose of Disbursement Direct mail	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29417.57
<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 86 OF 111			
	<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. Kelly Waterman</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 316 Hogan		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : B11FAD19CFD504C3A9C1</b>
City Houston	State TX Zip Code 77009-8318	
Purpose of Disbursement General consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miss Rachel Iglesias</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 6279 CR 1325		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : BC5DBC4F38714C55951</b>
City Warren	State TX Zip Code 77664-7043	
Purpose of Disbursement General Campaign Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : B7920AD2AA8934D03AF8</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Administrative fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	329.00
<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 87 OF 111			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : BA5751822879B4A89897</b>
City San Francisco State CA Zip Code 94105-3718	Purpose of Disbursement Administrative fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 320.06 <b>Transaction ID : BFD21D1ACC4EE42EB8D9</b>
City Albany State NY Zip Code 12212-5124	Purpose of Disbursement Utilities/cell phone	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : B160479C9F06C4985BD3</b>
City San Francisco State CA Zip Code 94105-3718	Purpose of Disbursement Administrative fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	378.06
<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 88 OF 111			
	<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. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015		
Mailing Address 205 Pennsylvania Ave, SE			Amount of Each Disbursement this Period 1950.00		
City Washington	State DC	Zip Code 20003-1164	Transaction ID : <b>B5ADACE99203C4D1B86B</b>		
Purpose of Disbursement Campaign Software		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Online</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 34.07		
City Mountain View	State CA	Zip Code 94043-1126	Transaction ID : <b>B680458815763422AAF9</b>		
Purpose of Disbursement Accounting service		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Quickbooks Online</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015		
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 33.26		
City Mountain View	State CA	Zip Code 94043-1126	Transaction ID : <b>B5AD3C75E850743C7A77</b>		
Purpose of Disbursement Payroll service		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2017.33
<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 89 OF 111			
	<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</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 303.96 <b>Transaction ID : B7BDF59B4629D4068BBF</b>
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kelly Waterman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 316 Hogan		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : B4E3A5EB41AAD4BD59A3</b>
City Houston	State TX Zip Code 77009-8318	
Purpose of Disbursement General Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Miss Rachel Iglesias</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 6279 CR 1325		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : B7C9FDB52D5084D5AB06</b>
City Warren	State TX Zip Code 77664-7043	
Purpose of Disbursement General Consultant	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	603.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 111			
	<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. Winfrey &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 516 N Washington St			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B618E5FE4E7284ECD93E</b>
City Alexandria	State VA	Zip Code 22314-2314	
Purpose of Disbursement Fundraising consultant		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Red Scope Studios</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 3 Sugar Creek Center			Amount of Each Disbursement this Period 277.66 <b>Transaction ID : B4C437F987BEC456FB77</b>
City Sugar Land	State TX	Zip Code 77478-2210	
Purpose of Disbursement Fundraiser Expense/invitations		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Texas Federation of Republican Women Political Action Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 1413			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : BD84EE3BBDEFA4C10A5F</b>
City Lubbock	State TX	Zip Code 79408-1413	
Purpose of Disbursement Advertising		Category/ Type	
Candidate Name Texas Federation of Republican Women Political Action Committee			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2077.66
<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 91 OF 111			
	<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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 410.36 <b>Transaction ID : B22673314860944D3918</b>
City Albany	State NY Zip Code 12212-5124	
Purpose of Disbursement Utilities/Cell phone	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Coastal Insurance Group 2015</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address PO Box 515		Amount of Each Disbursement this Period 577.01 <b>Transaction ID : B7426402995C5449B9DD</b>
City Blessing	State TX Zip Code 77419-0515	
Purpose of Disbursement Event Expense - Insurance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Quickbooks Online</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 34.07 <b>Transaction ID : B8136EFA4089143BBB57</b>
City Mountain View	State CA Zip Code 94043-1126	
Purpose of Disbursement Accounting service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1021.44
<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 92 OF 111			
	<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. Quickbooks Online</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2632 Marine Way			Amount of Each Disbursement this Period 33.26 <b>Transaction ID : B0D3EEAF0A75B4145A10</b>
City Mountain View	State CA	Zip Code 94043-1126	
Purpose of Disbursement Payroll service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 144 2nd St, 1st Floor			Amount of Each Disbursement this Period 74.75 <b>Transaction ID : BC89DEA09A11648C3A1B</b>
City San Francisco	State CA	Zip Code 94105-3718	
Purpose of Disbursement Credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Bracewell &amp; Giuliani</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 711 Louisiana St, Ste. 2300			Amount of Each Disbursement this Period 1003.48 <b>Transaction ID : B43B746B0F3104EEB87C</b>
City Houston	State TX	Zip Code 77002-2770	
Purpose of Disbursement Note: See Below		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1111.49
<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 93 OF 111			
	<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. Carlisle's Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 1714 Webster St			Amount of Each Disbursement this Period 1003.48
City Houston	State TX	Zip Code 77003-5827	
Purpose of Disbursement Fundrasier expense / Food		Category/ Type	<b>Transaction ID : BB38F3311A79745C591D</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana R. Benoit</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 8410 Highway 90A Ste 160			Amount of Each Disbursement this Period 5821.63
City Sugar Land	State TX	Zip Code 77478-3435	
Purpose of Disbursement Note: See Below		Category/ Type	<b>Transaction ID : B107CAE189B744909841</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Federal Express</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address 14056 Southwest Frwy			Amount of Each Disbursement this Period 26.00
City Sugar Land	State TX	Zip Code 77478-3651	
Purpose of Disbursement Shipping		Category/ Type	<b>Transaction ID : B6A45AD9025C6495490E</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5821.63
<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 94 OF 111			
	<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. Mrs. Dana R. Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address 8410 Highway 90A Ste 160		Amount of Each Disbursement this Period 5768.68
City State Zip Code Sugar Land TX 77478-3435	Purpose of Disbursement Consulting Fee	
Candidate Name	Category/Type	<b>Transaction ID : B999A15DA7DFF4BD5800</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address 307 W Wheat St		Amount of Each Disbursement this Period 26.95
City State Zip Code Woodville TX 75979-9402	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<b>Transaction ID : BB4C34A2768544DA3B02</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Hon. BRIAN BABIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 11.52
City State Zip Code Woodville TX 75979-0159	Purpose of Disbursement Reimb for travel	
Candidate Name <b>Hon. BRIAN BABIN</b>	Category/Type	<b>Transaction ID : B608E49FC5D9640D0A25</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: TX District: 36		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.52
<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 95 OF 111			
	<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. Mrs. Dana R. Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 8410 Highway 90A Ste 160		Amount of Each Disbursement this Period 2153.34 <b>Transaction ID : B3BC68304B69B41E8918</b>
City State Zip Code Sugar Land TX 77478-3435	Purpose of Disbursement Note: See Below	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana R. Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 8410 Highway 90A Ste 160		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : B568A497B3D214465A84</b>
City State Zip Code Sugar Land TX 77478-3435	Purpose of Disbursement Consultant fee	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 307 W Wheat St		Amount of Each Disbursement this Period 473.34 <b>Transaction ID : BBDD4B9AA0FF449EFA4A</b>
City State Zip Code Woodville TX 75979-9402	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2153.34
<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 96 OF 111			
	<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. Red Scope Studios</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 3 Sugar Creek Center		Amount of Each Disbursement this Period 2175.28 Transaction ID : BA7DCBFC16A7F409EAE3
City State Zip Code Sugar Land TX 77478-2210	Purpose of Disbursement Email Blast	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana R. Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 8410 Highway 90A Ste 160		Amount of Each Disbursement this Period 492.94 Transaction ID : B678366B697304588B8A
City State Zip Code Sugar Land TX 77478-3435	Purpose of Disbursement Note: See Below	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 307 W Wheat St		Amount of Each Disbursement this Period 2175.28 Transaction ID : B8ACF408C2C51463D89D
City State Zip Code Woodville TX 75979-9402	Purpose of Disbursement Postage	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2175.28
<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 97 OF 111			
	<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. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 14056 Southwest Frwy		Amount of Each Disbursement this Period 94.44
City Sugar Land	State TX	
Zip Code 77478-3651	Purpose of Disbursement Printing	Transaction ID : B5314AF68135C45F5ADB
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Dana R. Benoit</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 8410 Highway 90A Ste 160		Amount of Each Disbursement this Period 1500.00
City Sugar Land	State TX	
Zip Code 77478-3435	Purpose of Disbursement Consulting Fee	Transaction ID : BA036CC46F19F45BC9CF
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 419.90
City Palatine	State IL	
Zip Code 60094-4014	Purpose of Disbursement NOTE: See Below	Transaction ID : B61F56F101E814B77930
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	419.90
<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 98 OF 111			
	<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 07 / 17 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 79.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>B43D5E5AFAC89454A87E</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 256.20
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>B6979AA1D085F4554B05</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 3384.60
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement NOTE: See Below	Candidate Name	Transaction ID : <b>B1AFD0B89D52645F9AF8</b>
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).....	3384.60
<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 99 OF 111			
	<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. Cava Mezze</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 527 8th St SE		Amount of Each Disbursement this Period 255.05
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Meal/Meeting 7/29	Transaction ID : B05F6F9B2258D4E3EBDE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address PO Box 36647-1CR		Amount of Each Disbursement this Period 408.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Airline tickets 7/27	Transaction ID : B980BB7476F02461F86F
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 1107.35
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meals meetings	Transaction ID : B6B158C948AE948178BB
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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 100 OF 111			
	<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. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 1600 Amphitheater Parkway		Amount of Each Disbursement this Period 30.00
City Mountain View	State CA Zip Code 94043-1351	
Purpose of Disbursement Web advertising	Category/Type	<b>Transaction ID : BEE32E26C117A49879AC</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 1107.35
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meal/Meeting 8/6	Category/Type	<b>Transaction ID : BBB9256E5A9524D26BB5</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1929.97
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement NOTE: See Below	Category/Type	<b>Transaction ID : B10BF3219128D47CCB55</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1929.97
<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 101 OF 111			
	<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. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 1600 Amphitheater Parkway		Amount of Each Disbursement this Period 30.00
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement web advertising	Transaction ID : <b>B0E2559A730C54C01A62</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 299.28
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meals Meetings	Transaction ID : <b>B33AB50C7D93D402B9B4</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Coins for Anything</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 100 Industrial Drive		Amount of Each Disbursement this Period 135.00
City Fredericksburg	State VA	
Zip Code 22408-2410	Purpose of Disbursement Promotional Material 6/30	Transaction ID : <b>BEC7A47BFDDA3440A8C8</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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 102 OF 111	
	<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. Grotto Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 4715 Westheimer		Amount of Each Disbursement this Period 966.24
City Houston	State TX Zip Code 77027-4717	
Purpose of Disbursement Meal/Meeting 6/30	Category/Type	Transaction ID : <b>BDBA3604999094169A2A</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Goodies Catering &amp; Sweet Shoppe</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 525 W Cora Lee		Amount of Each Disbursement this Period 150.00
City Sour Lake	State TX Zip Code 77659-2831	
Purpose of Disbursement Fundraising Dinner 6/30	Category/Type	Transaction ID : <b>B4C7267A30C3248BE992</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Credit Card</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2002.03
City Palatine	State IL Zip Code 60094-4014	
Purpose of Disbursement NOTE: See Below	Category/Type	Transaction ID : <b>BEC073D8933FE441CA61</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2002.03
<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 103 OF 111	
	<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. Google Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 1600 Amphitheater Parkway		Amount of Each Disbursement this Period 30.00
City Mountain View	State CA Zip Code 94043-1351	
Purpose of Disbursement Web advertising	Category/Type	<b>Transaction ID : B170943D45E5B465BB9E</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 359.54
City Albany	State NY Zip Code 12212-5124	
Purpose of Disbursement Utilities/cell phone	Category/Type	<b>Transaction ID : B2FEF8475FEC7423584A</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 157.23
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Meals/Meeting 6/15/15	Category/Type	<b>Transaction ID : B29F2BD231377450795F</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
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 104 OF 111	
	<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. Embassy Kingston Plantation Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 9760 Kings Rd # C		Amount of Each Disbursement this Period 695.37
City Myrtle Beach	State SC	
Zip Code 29572-6068	Purpose of Disbursement Lodging 5/18/15	Transaction ID : <b>B0658CC23BFBD40AA85F</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 380.67
City Albany	State NY	
Zip Code 12212-5124	Purpose of Disbursement Utilities/cell phone	Transaction ID : <b>B8B54A8C244A44CE09FE</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winfrey &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 516 N Washington St		Amount of Each Disbursement this Period 1715.20
City Alexandria	State VA	
Zip Code 22314-2314	Purpose of Disbursement Fundraising consultant	Transaction ID : <b>B223CC7CABB1744659B5</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1715.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 111	
	<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. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 715 D St		Amount of Each Disbursement this Period 30.22
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Postage	Transaction ID : <b>BF217C882E78941B896D</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 715 D St		Amount of Each Disbursement this Period 30.51
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Postage	Transaction ID : <b>B3576743610554BE18A6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charlie Palmer Steak</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 101 Constitution Ave NW		Amount of Each Disbursement this Period 455.00
City Washington	State DC	
Zip Code 20001-2133	Purpose of Disbursement Fundraising Breakfast	Transaction ID : <b>BC9A5299661C8494E9CD</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input 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 106 OF 111			
	<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)  
**A. Catering by Windows**

Mailing Address 5724 General Washington Dr

City Alexandria State VA Zip Code 22312-2407

Purpose of Disbursement Fundraising Lunch

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 27 / 2015

Amount of Each Disbursement this Period: 891.64

Transaction ID : BD2020F1E691F4AFCAA1

[MEMO ITEM]

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

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement NOTE: See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 27 / 2015

Amount of Each Disbursement this Period: 1176.70

Transaction ID : BB4C156DF2B18432B8A5

Full Name (Last, First, Middle Initial)  
**c. United Airlines**

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2015

Amount of Each Disbursement this Period: 362.20

Transaction ID : BC955125E5BB2457F999

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 1176.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 111	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**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 <b>06 / 10 / 2015</b>
Mailing Address PO Box 66100		Amount of Each Disbursement this Period <b>372.20</b>
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel	Category/Type	<b>Transaction ID : B24600C06F2D749429C4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>66768.05</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 108 OF 111			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Dr. Brian Babin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 144 2nd St, 1st Floor		Amount of Each Disbursement this Period 2341.84 <b>Transaction ID : BE4C5A33B22C346E5B8D</b>
City San Francisco State CA Zip Code 94105-3718	Purpose of Disbursement NOTE Refund of contributions inadvertently transferred to Cmte	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement 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).....	2341.84
<b>TOTAL</b> This Period (last page this line number only).....	2341.84

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CD36EEDB267FD4787B97

Dr. Brian Babin for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hon. BRIAN BABIN

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 159

City State ZIP Code  
Woodville TX 75979-0159

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 8000.00 17000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 17 / Y 2013 M M / D D / Y None 0.00 % (apr)  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**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C9A9076A938AD4E9D8CA

Dr. Brian Babin for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hon. BRIAN BABIN

Election: 2016

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 159

City State ZIP Code  
Woodville TX 75979-0159

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
25000.00 0.00 25000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2013 M M / D D / Y None 0.00 % (apr)  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)..... ▶ 25000.00  
**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 : **C5CA940DEEB8B43F6AA7**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Hon. BRIAN BABIN</b>	Election: 2016 <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	75979-0159

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 11 / 2014	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.**