

**SCHEDULE A**                      **ITEMIZED RECEIPTS**  
**Contributions from Individuals/Persons**

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NAME OF COMMITTEE (in Full)                      **Brian Babin For Congress**                      **C00304220**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Dr. P.L. Denman</b> <b>1004 Wildbriar</b> <b>Lufkin, TX 75904</b>	<b>Name of Employer Information Requested</b>  	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Retired Medical Doctor</b>	<b>04-01-98</b>	
	<b>Year-to-Date &gt; \$1,000.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>T. Ross Brown</b> <b>1755 Woodstead Court</b> <b>The Woodlands, TX 77380</b>	<b>Name of Employer Self</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Insurance Agent</b>	<b>04-02-98</b>	
	<b>Year-to-Date &gt; \$300.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Mr. Gordon Cain</b> <b>3711 San Felipe</b> <b>Houston, TX 77027</b>	<b>Name of Employer Self</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Entrepreneur</b>	<b>04-03-98</b>	
	<b>Year-to-Date &gt; \$1,000.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Mr. David Beckwith</b> <b>7021 Oak Forest Lane</b> <b>Bethesda, MD 20817</b>	<b>Name of Employer EDS Corporation</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Executive</b>	<b>04-15-98</b> <b>06-29-98</b>	
	<b>Year-to-Date &gt; \$316.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Mr. W. W. Trout Jr.</b> <b>1404 Brookhollow</b> <b>Lufkin, TX 75904</b>	<b>Name of Employer Information Requested</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Retired</b>	<b>04-15-98</b>	
	<b>Year-to-Date &gt; \$500.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Ida Lightner</b> <b>5905 Stauben Ct.</b> <b>Dallas, TX 75248</b>	<b>Name of Employer Information Requested</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>housewife</b>	<b>04-16-98</b>	
	<b>Year-to-Date &gt; \$2,000.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Mr. James Lightner</b> <b>5905 Stauben Ct.</b> <b>Dallas, TX 75248</b>	<b>Name of Employer Self</b>	<b>Date</b>  	<b>Amount this pd.</b>  
	<b>Engineer</b>	<b>04-16-98</b>	
	<b>Year-to-Date &gt; \$2,000.00</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . . >	<b>\$4,766.00</b>
<b>TOTAL This Period (last page this line number only)</b> . . . . . >	<b>-----</b>