

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Pete Sessions for Congress 2006

ADDRESS (number and street) Post Office Box 38585
 Check if different than previously reported. (ACC)
Dallas TX 75238

2. **FEC IDENTIFICATION NUMBER** C00303305
CITY **STATE** **ZIP CODE**
STATE DISTRICT TX 32
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 11 07 2006 in the State of TX
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 01 01 2006 through 02 15 2006

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 Juanita Sessions
Signature of Treasurer Electronically Filed by Juanita Sessions Date 04 26 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Pete Sessions for Congress 2006

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
1	5

Y	Y	Y	Y
2	0	0	6

	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)).....	49817.08	948701.94
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49817.08	947201.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	96370.05	734696.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14341.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	96370.05	720355.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	862650.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Pete Sessions for Congress 2006

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
1	5

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

43600.00

522890.00

(ii) Unitemized.....

717.08

26340.08

(iii) TOTAL of contributions

44317.08

549230.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

5500.00

399471.86

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

49817.08

948701.94

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

1502.98

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.).....

0.00

14341.03

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

1573.05

34531.25

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

51390.13

999077.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96370.05	734696.09
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	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1500.00
21. OTHER DISBURSEMENTS.....	5150.00	16634.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	101520.05	752830.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	912780.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51390.13
25. SUBTOTAL (add Line 23 and Line 24).....	964170.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	101520.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	862650.12

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 33
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Pete Sessions for Congress 2006

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

Mailing Address John M. Heasley
1120 Connecticut Ave. N.W.

City Washington State DC Zip Code 20036

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

Name of Employer American Bankers Association Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 6

Transaction ID: 60212.C24394

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue, NW
Suite 600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Credit Union National Assoc Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60122.C24356

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1111 19th Street NW #650

City Washington State DC Zip Code 20036-0000

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

Name of Employer National Emergency Medicine PA Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60122.C24355

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	5500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Bill Asher

Mailing Address PO Box 181163

City State Zip Code
Dallas TX 75218-8163

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

Name of Employer Self Occupation Private Investigator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24372

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Roy Bailey

Mailing Address 5942 Colhurst Street

City State Zip Code
Dallas TX 75230-5022

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

Name of Employer Giuliani Partners Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2006

Transaction ID: 60212.C24395

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Hugh Bearden

Mailing Address 6936 Lakewood Blvd

City State Zip Code
Dallas TX 75214-3556

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

Name of Employer Laurel Oaks Cemetary Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2006

Transaction ID: 60212.C24396

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Wendy Boothe

Mailing Address 5204 Lincolnshire Ct

City State Zip Code
Dallas TX 75287-5427

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 60214.C24403

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
William Boothe

Mailing Address 5204 Lincolnshire Ct

City State Zip Code
Dallas TX 75287-5427

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

Name of Employer Boothe EyeCare Center Occupation Opthamologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 60214.C24402

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Jennifer Colby

Mailing Address 1111 Briar Bayou Dr

City State Zip Code
Houston TX 77077-1601

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

Name of Employer IDS Brokers Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 60206.C24373

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Jennifer Colby

Mailing Address 1111 Briar Bayou Dr

City State Zip Code
Houston TX 77077-1601

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

Name of Employer Occupation
IDS Brokers Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24375

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Jessica Colon

Mailing Address 2031 Cortlandt St

City State Zip Code
Houston TX 77008-2615

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24374

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Eduardo DeLachica

Mailing Address 21 Scotsmoor Ct

City State Zip Code
Sugar Land TX 77479-2519

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

Name of Employer Occupation
AAA Bonding Agency, Inc. Insurance

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 60214.C24405

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Kevin Hedges

Mailing Address 3701 Kirby Dr Ste 1212 Suite 1212

City Houston State TX Zip Code 77098-3916

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60122.C24357

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Gary Horowitz

Mailing Address 6514 Forestshire Dr

City Dallas State TX Zip Code 75230-2823

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

Name of Employer SEI Occupation Executive VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 60214.C24407

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Gary Horowitz

Mailing Address 6514 Forestshire Dr

City Dallas State TX Zip Code 75230-2823

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

Name of Employer SEI Occupation Executive VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 60214.C24406

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Warren Lichliter

Mailing Address 7158 Hillgreen Dr

City State Zip Code
Dallas TX 75214-1932

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

Name of Employer Self
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: 60214.C24404

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
James Lindsey

Mailing Address 316 Kimberly Dr

City State Zip Code
Mesquite TX 75149-2523

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

Name of Employer First State Bank of Mesquite
Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3400.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 60206.C24393

Amount of Each Receipt this Period
1900.00

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

C. Full Name (Last, First, Middle Initial)
James Lindsey

Mailing Address 316 Kimberly Dr

City State Zip Code
Mesquite TX 75149-2523

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

Name of Employer First State Bank of Mesquite
Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 60206.C24392

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Rolla Long

Mailing Address 4189 Bellaire Blvd
Suite 202

City State Zip Code
Houston TX 77025-1060

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

Name of Employer Self Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24376

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3629 Greenbrier Dr

City State Zip Code
Dallas TX 75225-5106

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

Name of Employer Telesis Occupation Nursing Home Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2006

Transaction ID: 60118.C24343

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Cynthia Rea

Mailing Address 7618 Tanglecrest Drive

City State Zip Code
Dallas TX 75254-8021

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: 60214.C24411

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Thomas Reiser

Mailing Address 2020 N Memorial Way

City State Zip Code
Houston TX 77007-8320

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

Name of Employer: Technical Risks Inc. Occupation: Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24379

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Fred Robertson

Mailing Address 3931 Inverness Dr

City State Zip Code
Houston TX 77019-1003

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

Name of Employer: Criterion Investments Mgmt Occupation: Investment Mgmt

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24382

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Fred Robertson

Mailing Address 3931 Inverness Dr

City State Zip Code
Houston TX 77019-1003

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

Name of Employer: Criterion Investments Mgmt Occupation: Investment Mgmt

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24383

Amount of Each Receipt this Period
900.00

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

SUBTOTAL of Receipts This Page (optional)	4100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Janice Rudman

Mailing Address 1151 Flagmore Dr

City State Zip Code
Katy TX 77450-4234

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

Name of Employer
IDS Brokers

Occupation
Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24380

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Janice Rudman

Mailing Address 1151 Flagmore Dr

City State Zip Code
Katy TX 77450-4234

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

Name of Employer
IDS Brokers

Occupation
Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24381

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Marlise Skinner

Mailing Address 5006 Walnut Cove Dr

City State Zip Code
Houston TX 77084-2366

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

Name of Employer
International Drawback Service

Occupation
COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24385

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Marlise Skinner

Mailing Address 5006 Walnut Cove Dr

City State Zip Code
Houston TX 77084-2366

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

Name of Employer International Drawback Service
Occupation COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24384

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Leonard Strickland

Mailing Address 4801 High Gate Dr

City State Zip Code
Austin TX 78730-3434

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

Name of Employer Phoenix Management Inc.
Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: 60214.C24412

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Raymond Turner

Mailing Address 5207 Sleepy Creek Dr

City State Zip Code
Houston TX 77017-6111

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

Name of Employer Texas Taxis
Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24386

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Raymond Turner

Mailing Address 5207 Sleepy Creek Dr

City State Zip Code
Houston TX 77017-6111

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

Name of Employer Occupation
Texas Taxis Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24387

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
William Underwood,III

Mailing Address 702 Crossroads Dr

City State Zip Code
Houston TX 77079-2403

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24388

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Michael Varrichio

Mailing Address 5840 W. Interstate 20 Suite 250

City State Zip Code
Arlington TX 76017-1056

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

Name of Employer Occupation
Global Acceptance Credit Corp. Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2006

Transaction ID: 60122.C24358

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2850.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 33	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
Robert Vickery

Mailing Address PO Box 153

City State Zip Code
Frost TX 76641-0153

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Republic Services, Inc. Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 60206.C24389

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	43600.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 33

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. International Aristotle Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave. SE City Washington State DC Zip Code 20003- Purpose of Disbursement SOFTWARE MAINTENANCE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5302 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE MAINTENANCE EXPENSE
B. Bellwether Consulting Group Full Name (Last, First, Middle Initial) Mailing Address 815 Slaters Ln. City Alexandria State VA Zip Code 22314- Purpose of Disbursement CAMPAIGN FUNDRAISING AND EVENT EXP. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5324 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 5235.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN FUNDRAISING AND EVENT EXP.
C. Bellwether Consulting Group Full Name (Last, First, Middle Initial) Mailing Address 815 Slaters Ln. City Alexandria State VA Zip Code 22314- Purpose of Disbursement CAMPAIGN FUNDRAISING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5325 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 4800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN FUNDRAISING FEE

SUBTOTAL of Disbursements This Page (optional)	11535.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 33

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group		Transaction ID: 60212.E5326 Date of Disbursement 02 / 05 / 2006	
Mailing Address 815 Slaters Ln.		Amount of Each Disbursement this Period 4800.00	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement CAMPAIGN FUNDRAISING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN FUNDRAISING FEE	

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Transaction ID: 60214.E5376 Date of Disbursement 02 / 12 / 2006	
Mailing Address 815 Slaters Ln.		Amount of Each Disbursement this Period 20415.07	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement CAMPAIGN FUNDRAISING AND EVENT EXP.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN FUNDRAISING AND EVENT EXP.	

Full Name (Last, First, Middle Initial) C. Boy Scouts of America		Transaction ID: 60212.E5358 Date of Disbursement 01 / 31 / 2006	
Mailing Address 8605 Harry Hines Blvd		Amount of Each Disbursement this Period 240.00	
City Dallas State TX Zip Code 75235-3014	Purpose of Disbursement ANNUAL BANQUET SPONSORSHIP	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ANNUAL BANQUET SPONSORSHIP	

SUBTOTAL of Disbursements This Page (optional) ▶	25455.07
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 19 / 33

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Capital Grille		Transaction ID: 60212.E5359 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 500 Crescent Court		Amount of Each Disbursement this Period 1109.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75201-	Purpose of Disbursement DINNER EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DINNER EXPENSE

Full Name (Last, First, Middle Initial) B. Capps Van Car Rental		Transaction ID: 60212.E5303 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 7902 Esters Blvd.		Amount of Each Disbursement this Period 329.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irving State TX Zip Code 75063-	Purpose of Disbursement AUTO RENTAL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AUTO RENTAL EXPENSE

Full Name (Last, First, Middle Initial) C. Century American Self Storage		Transaction ID: 60212.E5341 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2844 Patricia Ln.		Amount of Each Disbursement this Period 270.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Garland State TX Zip Code 75041-	Purpose of Disbursement STORAGE UNIT RENTAL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE UNIT RENTAL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	1708.39
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60212.E5309 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 277.51
City Dallas State TX Zip Code 75265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CELL PHONE EXPENSE		CAMPAIGN CELL PHONE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60212.E5368 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 275.00
City Dallas State TX Zip Code 75265-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CELL PHONE EXPENSE		CAMPAIGN CELL PHONE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. City of Dallas		Transaction ID: 60212.E5344 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 8100 Doran Ct.		Amount of Each Disbursement this Period 100.00
City Dallas State TX Zip Code 75238-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - PARK RENTAL		EVENT EXPENSE - PARK RENTAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	652.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Comp USA		Transaction ID: 60221.E5385 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 9368 N. Central Expwy		Amount of Each Disbursement this Period 206.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75231-	Purpose of Disbursement COMPUTER REPAIR & MAINTENANCE EXPEN Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER REPAIR & MAINTENANCE EXPEN

Full Name (Last, First, Middle Initial) B. Dallas National Bank		Transaction ID: 60214.E5374 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2725 Turtle Creek Blvd.		Amount of Each Disbursement this Period 22.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75219-4810	Purpose of Disbursement CREDIT CARD PROCESSING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial) C. El Fenix Restaurant		Transaction ID: 60122.E5201 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 255 Casa Linda Plz		Amount of Each Disbursement this Period 44.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75218-3420	Purpose of Disbursement VOLUNTEER MEAL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VOLUNTEER MEAL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	273.77
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Enterprise Rent A Car		Transaction ID: 60212.E5364 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address Old Stagecoach Hotel North Central Expressway		Amount of Each Disbursement this Period 138.21
City Plano	State TX	
Purpose of Disbursement AUTO RENTAL EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO RENTAL EXPENSE
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. Four Seasons Hotel		Transaction ID: 60212.E5367 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 286.63
City	State	
Purpose of Disbursement FUNDRAISING EVENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EVENT
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) C. Gulf Direct		Transaction ID: 60212.E5311 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 2401 Fountainview Suite 830		Amount of Each Disbursement this Period 5000.00
City Houston	State TX	
Purpose of Disbursement CAMPAIGN CONSULTING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN CONSULTING
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	5424.84
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Gulf Direct		Transaction ID: 60212.E5323 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 2401 Fountainview Suite 830		Amount of Each Disbursement this Period 25000.00
City Houston State TX Zip Code 77057-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTING		CAMPAIGN CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gulf Direct		Transaction ID: 60212.E5312 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2401 Fountainview Suite 830		Amount of Each Disbursement this Period 5000.00
City Houston State TX Zip Code 77057-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTING		CAMPAIGN CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. IRS - Service Center		Transaction ID: 60212.E5357 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 6
Mailing Address 3651 S. IH 35		Amount of Each Disbursement this Period 56.00
City Austin State TX Zip Code 78704-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL UNEMPLOYMENT TAXES		FEDERAL UNEMPLOYMENT TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	30056.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial) Joe James		Transaction ID: 60212.E5343 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6	
Mailing Address 2206 Lynnbrook Ln		Amount of Each Disbursement this Period 482.25	
City Garland State TX Zip Code 75041-1419	Purpose of Disbursement MILEAGE EXPENSE REIMBURSEMENT		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Luna de Noche Restaurant		Transaction ID: 60212.E5294 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 7927 Forest Ln.		Amount of Each Disbursement this Period 18.41	
City Dallas State TX Zip Code 75230-	Purpose of Disbursement MEETING EXPENSE		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Luna de Noche Restaurant		Transaction ID: 60212.E5307 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6	
Mailing Address 7927 Forest Ln.		Amount of Each Disbursement this Period 52.57	
City Dallas State TX Zip Code 75230-	Purpose of Disbursement MEETING EXPENSE		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	553.23
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Mi Cocina		Transaction ID: 60212.E5288 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 11661 Preston Rd.		Amount of Each Disbursement this Period 106.50
City Dallas State TX Zip Code 75230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mi Cocina		Transaction ID: 60212.E5292 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 11661 Preston Rd.		Amount of Each Disbursement this Period 67.67
City Dallas State TX Zip Code 75230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mi Cocina		Transaction ID: 60221.E5387 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 11661 Preston Rd.		Amount of Each Disbursement this Period 41.90
City Dallas State TX Zip Code 75230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	216.07
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: 60221.E5383 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 301 1st St SE		Amount of Each Disbursement this Period 800.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE MEETING EXPENSE		CONFERENCE MEETING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chamber of Commerce Oak Cliff		Transaction ID: 60212.E5340 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 660 S. Zang Blvd.		Amount of Each Disbursement this Period 270.00
City Dallas State TX Zip Code 75208-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP FEE		MEMBERSHIP FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Sessions Office Supp Acct		Transaction ID: 60221.E5386 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 1318 Longworth Bldg.		Amount of Each Disbursement this Period 12.90
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT MEMENTOS		CONSTITUENT MEMENTOS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1082.90
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)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Cyndi Reynolds		Transaction ID: 60212.E5345 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 7502 Hundley Blvd		Amount of Each Disbursement this Period 1096.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75231-4727	Category/Type	
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cyndi Reynolds		Transaction ID: 60212.E5346 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6
Mailing Address 7502 Hundley Blvd		Amount of Each Disbursement this Period 1096.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75231-4727	Category/Type	
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richardson Chamber of Commerce		Transaction ID: 60214.E5377 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 6
Mailing Address 411 Belle Grove Dr		Amount of Each Disbursement this Period 285.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richardson State TX Zip Code 75080-5203	Category/Type	
Purpose of Disbursement MEMBERSHIP DUES - 2006		MEMBERSHIP DUES - 2006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2477.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. SBC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 940012 City Dallas State TX Zip Code 75394- Purpose of Disbursement VM & DSL SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 37.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VM & DSL SERVICE
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B. SBC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 940012 City Dallas State TX Zip Code 75394- Purpose of Disbursement VM & DSL SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5285 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 37.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VM & DSL SERVICE
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C. Southwest Airlines Full Name (Last, First, Middle Initial) Mailing Address Love Field City Dallas State TX Zip Code 75235- Purpose of Disbursement TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60212.E5366 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 459.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	534.36
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)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Sunnys Executive Car Service		Transaction ID: 60122.E5371 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 235.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Purpose of Disbursement TRAVEL EXPENSE-OFFICIALLY CONNECTED		TRAVEL EXPENSE-OFFICIALLY CONNECTED
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. The Congressional Institute		Transaction ID: 60122.E5214 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 316 Pennsylvania Ave. SE #403		Amount of Each Disbursement this Period 943.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Washington	DC	
Purpose of Disbursement REPUBLICAN CONFERENCE		REPUBLICAN CONFERENCE
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. The McIntosh Co.		Transaction ID: 60122.E5197 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 6
Mailing Address 4505 Southern Ave.		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Dallas	TX	
Purpose of Disbursement CAMPAIGN FUNDRAISING FEE		CAMPAIGN FUNDRAISING FEE
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	5678.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. The McIntosh Co.		Transaction ID: 60212.E5337 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 4505 Southern Ave.		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75205-	CAMPAIGN FUNDRAISING FEE	
Purpose of Disbursement CAMPAIGN FUNDRAISING FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Real Estate Roundtable		Transaction ID: 60212.E5342 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 4900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code	EVENT LOCATION RENTAL FEE	
Purpose of Disbursement EVENT LOCATION RENTAL FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tortilla Coast Restaurant		Transaction ID: 60212.E5290 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 70.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	MEETING EXPENSE	
Purpose of Disbursement MEETING EXPENSE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9470.28
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Tortilla Coast Restaurant		Transaction ID: 60212.E5365 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 28.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEETING EXPENSE

Full Name (Last, First, Middle Initial) B. U.S. House Members Dining		Transaction ID: 60212.E5361 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address U S Capitol		Amount of Each Disbursement this Period 134.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20510-0001	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEETING EXPENSE

Full Name (Last, First, Middle Initial) C. U.S. House Members Dining		Transaction ID: 60212.E5362 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address U S Capitol		Amount of Each Disbursement this Period 96.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20510-0001	Purpose of Disbursement MEETING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	259.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

A. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Northlake Station

City Dallas State TX Zip Code 75238-

Purpose of Disbursement
P.O. BOX RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60212.E5304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	0	6

Amount of Each Disbursement this Period

168.00

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

P.O. BOX RENTAL

B. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address Northlake Station

City Dallas State TX Zip Code 75238-

Purpose of Disbursement
STAMPS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60212.E5297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	6

Amount of Each Disbursement this Period

14.74

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

STAMPS

SUBTOTAL of Disbursements This Page (optional)

182.74

TOTAL This Period (last page this line number only)

95559.20

**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)

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

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NAME OF COMMITTEE (In Full)
Pete Sessions for Congress 2006

Full Name (Last, First, Middle Initial) A. Tom Delay Legal Defense Fund		Transaction ID: 60214.E5382 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 6303 Beverlyhill St Suite 220		Amount of Each Disbursement this Period 5000.00	
City Houston State TX Zip Code 77057-6501	Purpose of Disbursement NON-POLITICAL CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00