

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
02 / 13 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Sue Cleveland
Signature of Treasurer Sue Cleveland *[Electronically Filed]* Date M M / D D / Y Y Y Y
04 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DR BRIAN BABIN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	159379.59	292885.30
(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)).....	159379.59	292885.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	113329.96	202887.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	113329.96	202887.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164998.01	
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).....	87907.40	

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).....	128814.59	235284.08
(ii) Unitemized.....	8965.00	19376.22
(iii) TOTAL of contributions from individuals ▶	137779.59	254660.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21500.00	35000.00
(d) The Candidate.....	100.00	3225.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	159379.59	292885.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	75000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	75000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	159379.59	367885.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	113329.96	202887.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	113329.96	202887.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	118948.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	159379.59
25. SUBTOTAL (add Line 23 and Line 24).....	278327.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	113329.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164998.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 98
	<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) A. Beth Allen Allison		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address P.O. Box 14		Transaction ID : SA11Al.5111	
City Woodville	State TX		Zip Code 75979
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Teacher		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		
C			

Full Name (Last, First, Middle Initial) B. Mr. Robert E. Allison Jr.		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address P.O. Box 769		Transaction ID : SA11Al.4674	
City Woodville	State TX		Zip Code 75979-0769
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Allison Chevrolet/Jasper Ford	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C			

Full Name (Last, First, Middle Initial) C. AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 9700 WEST BRYN MAWR AVE.		Transaction ID : SA11Al.4794	
City ROSEMONT	State IL		Zip Code 60018
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
C C00005660			

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 98
	<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)
Glenn W Anderson

Mailing Address 7028 Shadow Creek Ct

City Fort Worth State TX Zip Code 76132

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

Name of Employer: GAINSCO, Inc Occupation: Insurance Executive

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period
2600.00

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

Mailing Address 7028 Shadow Creek Ct

City Fort Worth State TX Zip Code 76132

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

Name of Employer: Self-Employed Occupation: Travel Services

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Paul Andrues

Mailing Address 2710 Oak Hollow Circle

City Kountze State TX Zip Code 77625

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

Name of Employer: William Hayward Company Inc Occupation: President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period
500.00

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

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

5700.00

**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 98
	<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. Chris Atherton

Mailing Address 5246 Birdwood

City Houston State TX Zip Code 77096

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

Name of Employer EnergyNet Occupation Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr Gordon Austin

Mailing Address 423 N Lakeshore Dr

City Carrollton State GA Zip Code 30117

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

Name of Employer retired Occupation Oral & Maxillofacial Surgeon

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ann R Babin

Mailing Address 6220 Regina Ln

City Beaumont State TX Zip Code 77706

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 98
	<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)
Brian Leif Babin

Mailing Address 260 W 52nd St
21E

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Echelon Front LLC Leadership Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Silvia Baker

Mailing Address 493 Countrywood Blvd

City State Zip Code
Sour Lake TX 77659

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

Name of Employer Occupation
Self-Employed Self-Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period
500.00

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

Mailing Address 124 Rufus Rd

City State Zip Code
Silsbee TX 77636

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 220 Jennie

City State Zip Code
Bridge City TX 77611

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

Name of Employer Occupation
Associated Builders & Contractors of S President & CEO

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Biar

Mailing Address 12203 Broken Bough Drive

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Strategic Public Affairs Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jim B Boone

Mailing Address 1930 CR 2570

City State Zip Code
Colmesneil TN 75938

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11AI.4991

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 10 OF 98
	<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. Laura Brown

Mailing Address 7801 Lenape Trail

City State Zip Code
Austin TX 78736

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

Name of Employer Occupation
Vince Young Steakhouse Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mrs. Laura Brown

Mailing Address 7801 Lenape Trail

City State Zip Code
Austin TX 78736

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

Name of Employer Occupation
Vince Young Steakhouse Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Phillip Brown

Mailing Address 7801 Lenape Trail

City State Zip Code
Austin TX 78736

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

Name of Employer Occupation
Vince Young Steakhouse Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 98
	<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. Phillip Brown

Mailing Address 7801 Lenape Trail

City Austin State TX Zip Code 78736

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

Name of Employer Vince Young Steakhouse Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period
 _____ 2600.00

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

Mailing Address 5522 Regal Landing Drive

City Kingwood State TX Zip Code 77345

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

Name of Employer Self Employed Occupation Geological Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 16 / 2014

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
Tom Burger

Mailing Address 4945 Littlewood Dr

City Beaumont State TX Zip Code 77706

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

Name of Employer Retired Occupation Mechanical Engineering

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 16 / 2014

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period
 _____ 500.00

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

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

_____ 3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 98
	<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 Rita M Cammarata

Mailing Address 2175 Dryden Rd

City	State	Zip Code
Houston	TX	77030-1207

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

Name of Employer	Occupation
Self Employed	Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Dave Carpenter

Mailing Address 2495 Ashley St

City	State	Zip Code
Beaumont	TX	77702

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

Name of Employer	Occupation
Self	Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Cegelski

Mailing Address 14901 W Warren Ave

City	State	Zip Code
Lakewood	CO	80228

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

Name of Employer	Occupation
Baker Hughes and PhD student	Sales & Student

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 98
	<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 Cegelski

Mailing Address 14901 West Warren Avenue

City State Zip Code
Lakewood CO 80228

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

Name of Employer Occupation
Baker Hughes Operations Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Cegelski

Mailing Address 14901 West Warren Avenue

City State Zip Code
Lakewood CO 80228

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

Name of Employer Occupation
Baker Hughes Operations Manager

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Steve Clark

Mailing Address 4902 Jason

City State Zip Code
Houston TX 77096

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

Name of Employer Occupation
J&J Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
1000.00

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

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

6200.00

**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 98
	<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)
Sue Cleveland

Mailing Address PO Box 30055

City Lumberton State TX Zip Code 77657

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

Name of Employer Cleveco Occupation Construction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period
 600.00

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

Mailing Address 3939 Pleasant Valley Dr

City Missouri City State TX Zip Code 77459

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

Name of Employer Ft. Bend Dental Associates Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas D. Coughlen

Mailing Address 4611 Country Club View

City Baytown State TX Zip Code 77521

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period
 500.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 15 OF 98
(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. Will Crenshaw

Mailing Address **PO Box 790**

City **Beaumont** State **TX** Zip Code **77704**

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

Name of Employer **The Modern Group** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gregory Kyle Crouch

Mailing Address **3206 Rivercrest Drive**

City **Austin** State **TX** Zip Code **78746**

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

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

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

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period
250.00

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

Mailing Address **929 Waxmyrtle**

City **Houston** State **TX** Zip Code **77079**

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

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

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

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.5083

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 16 OF 98
	<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)
George L DeLoach

Mailing Address 130 Fawn Rd

City Livingston State TX Zip Code 77351

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

Name of Employer Self Occupation Orthopedic Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr Mark W Denson

Mailing Address 287 CR 4025

City Woodville State TX Zip Code 75979

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Clyde Dollens

Mailing Address 14907 Tupperglenn Dr

City Houston State TX Zip Code 77070

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

Name of Employer Dollens Consulting Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5069

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 98
	<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)
Kevin T Dossett

Mailing Address 6 Nightfall Place

City State Zip Code
The Woodlands TX 77381

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

Name of Employer Occupation
Preis & Roy Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5004

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
East Texas Peddler

Mailing Address PO Box 985

City State Zip Code
Jasper TX 75951

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
1500.00

See attribution to Kathryn Stover.

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

Mailing Address P.O. Box 907

City State Zip Code
Thompson Falls MT 59873-0907

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period
300.00

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

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

2300.00

**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 18 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
James Flynn

Mailing Address 1016 SW Myrtle Dr

City Portland State OR Zip Code 97201

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

Name of Employer New & Neville Real Estate Occupation broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mary A. Fortenberry-Nagypal

Mailing Address P.O. Box 878

City Woodville State TX Zip Code 75979-0878

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Leslie O. Fullerton

Mailing Address 24 Greenway Plaza
NO. 30G

City Houston State TX Zip Code 77046-1400

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 98
	<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. Leslie O. Fullerton

Mailing Address 24 Greenway Plaza
NO. 30G

City Houston State TX Zip Code 77046-1400

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4736

Amount of Each Receipt this Period
2000.00

See Reattribution Below.

B. Full Name (Last, First, Middle Initial)
Dr. Leslie O. Fullerton

Mailing Address 24 Greenway Plaza
NO. 30G

City Houston State TX Zip Code 77046-1400

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period
-500.00

See Reattributed Below.

C. Full Name (Last, First, Middle Initial)
Mrs. Patricia Fullerton

Mailing Address 14 Greenway Plaza
NO. 30G

City Houston State TX Zip Code 77046-1400

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
2000.00

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 20 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Mrs. Patricia Fullerton

Mailing Address 14 Greenway Plaza
NO. 30G

City Houston State TX Zip Code 77046-1400

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period
500.00

Reattributed.

B. Full Name (Last, First, Middle Initial)
Randal Mark Glenn

Mailing Address 4310 Crystal Ridge

City Missouri City State TX Zip Code 77459

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

Name of Employer Requested Occupation Requested
Ft. Bend Dental Associates Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 212

City Woodville State TX Zip Code 75979

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

Name of Employer Requested Occupation Requested
Self Employed Timber Industry

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period
2500.00

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

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

3250.00

**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 98
	<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)
Sam Gunderson

Mailing Address 2609 Hollybrook Dr

City State Zip Code
Seabrook TX 77586

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

Name of Employer Occupation
Blue Origin Business Development

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ronald Haddox

Mailing Address 1215 N Pruetz

City State Zip Code
Baytown TX 77520

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas C. Harrison

Mailing Address 726 Cascet Court

City State Zip Code
Katy TX 77450

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

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period
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 22 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Jack Harvard

Mailing Address 941 Circle in the Woods

City State Zip Code
Fairview TX 75069

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

Name of Employer Occupation
Self Employed Real Estate

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9020 Allison's Way

City State Zip Code
Lumberton TX 77657

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

Name of Employer Occupation
Self-Employed Financial Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 16 / 2014

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William Lee Hon

Mailing Address 1029 Kate Lowe Rd

City State Zip Code
Livingston TX 77351

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

Name of Employer Occupation
DA Polk County

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4983

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 23 OF 98
	<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)
Jim Hughes

Mailing Address 837 S Wheeler

City Jasper State TX Zip Code 75951

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

Name of Employer Texas Financial Center Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mrs. Toni Cochran Hughes

Mailing Address 1224 Church

City Livingston State TX Zip Code 77351

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

Name of Employer Self Employed Occupation Investment Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dr Tim Hung

Mailing Address 506 Braesheather Dr

City Houston State TX Zip Code 77096

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

Name of Employer Dentist Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5006

Amount of Each Receipt this Period
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 98
(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)
Bruce R Hutchison

Mailing Address 14245- P Centreville Sq

City State Zip Code
Centreville VA 20120

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

Name of Employer Occupation
Smiles for Centreville Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
A. B. Jordan

Mailing Address 105 Sand Hills

City State Zip Code
Lufkin TX 75901

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

Name of Employer Occupation
Self Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11AI.5074

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. William Jordan

Mailing Address 3607 Alcorn Bend Trail

City State Zip Code
Sugar Land TX 77479

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

Name of Employer Occupation
Houston Oral Surgeons Oral & Maxillofacial Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
2000.00

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 25 OF 98
	<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)
Christopher C Juban

Mailing Address 3718 Westerman Street

City Houston State TX Zip Code 77005

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

Name of Employer Evercore Partners Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.5094

Amount of Each Receipt this Period
1500.00

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

Mailing Address 49 Mayfield Rd

City Groton State MA Zip Code 01450

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

Name of Employer Raytheon Company Occupation Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4963

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Joe R Keneson

Mailing Address 1164 Hwy 327 East

City Silsbee State TX Zip Code 77656

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

Name of Employer Dentist Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
250.00

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 26 OF 98
	<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)
Brian L Kirkham

Mailing Address 2900 McKinnon St
#2003

City Dallas State TX Zip Code 75201

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

Name of Employer Gainsco Insurance Occupation SVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5007

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Patricia A Knecht

Mailing Address 1227 County Road 1125

City Woodville State TX Zip Code 75979

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr Heamo L Koo

Mailing Address 4800 Beech St

City Bellaire State TX Zip Code 77401-3403

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 98
	<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. William C. Leigh

Mailing Address PO Box 7002

City State Zip Code
The Woodlands TX 77387-7002

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2169 CR 2790

City State Zip Code
Woodville TX 75979

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. S. Jerry Long

Mailing Address 4515 Diamond Springs

City State Zip Code
Missouri City TX 77459

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

Name of Employer Occupation
Self Employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2014

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Dr. S. Jerry Long

Mailing Address 4515 Diamond Springs

City Missouri City State TX Zip Code 77459

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
1000.00

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

Mailing Address 158 Hunter Drive

City West Hartford State CT Zip Code 06107

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

Name of Employer SELF EMPLOYED Occupation DENTIST ANESTHESIOLOGIST

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Brian K Machart

Mailing Address 5819 Hwy 6 Ste 230

City Missouri City State TX Zip Code 77459

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.5018

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 29 OF 98
	<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)
Thomas Manford

Mailing Address 56 Briar Hollow Lane
Apt 3

City Houston State TX Zip Code 77027

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

Name of Employer: Bracewell & Giuliani Occupation: Retired Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 24 / 2014

Transaction ID : SA11AI.5008

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Lee P. Mann

Mailing Address PO Box 579

City Woodville State TX Zip Code 75979

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

Name of Employer: Self Employed Occupation: Furniture Sales

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period: 1500.00

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

Mailing Address 55 Waugh Drive
#515

City Houston State TX Zip Code 77007

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

Name of Employer: McCord Production Ltd Occupation: Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period: 250.00

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 30 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2300 Green Oak Drive
Suite 600

City State Zip Code
Kingwood TX 77339

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

Name of Employer Occupation
Kingwood Oral Surgery Oral Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms Elizabeth R. McIngvale

Mailing Address 5039 Fieldwood Dr

City State Zip Code
Houston TX 77058

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

Name of Employer Occupation
Peace of Mind Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period
2600.00

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

Mailing Address 5039 Fieldwood Drive

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
Gallery Furniture Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period
2600.00

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 31 OF 98
(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)
Linda McIngvale

Mailing Address 5039 Fieldwood Drive

City Houston State TX Zip Code 77056

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

Name of Employer Gallery Furniture Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period
 _____ 2600.00

B. Full Name (Last, First, Middle Initial)
Steven M McReynolds

Mailing Address 305 King Arthur

City Port Neches State TX Zip Code 77651

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

Name of Employer Grove Equipment Rental Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5012

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
Dr S. Mark Messer

Mailing Address 1860 Texas Ave Suite E

City Bridge City State TX Zip Code 77611

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

Name of Employer Dentist Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 98
	<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)
Mark M. Moore

Mailing Address P.O. Box 671

City: Woodville State: TX Zip Code: 75979

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

Name of Employer: Cypress Creek Cattle, Inc Occupation: Rancher

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 1250.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.5100

Amount of Each Receipt this Period: 250.00

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

Mailing Address 400 GALAHAD LP RD

City: Woodville State: TX Zip Code: 75979

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 14 / 2014

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Enoch Ladin Morrison

Mailing Address PO Box 8590

City: Lumberton State: TX Zip Code: 77657

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

Name of Employer: Self Employed Occupation: Professional Writer & Test Prep Coach

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : SA11AI.5058

Amount of Each Receipt this Period: 2600.00

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

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

3100.00

**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 98
	<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)
Peter Morrison

Mailing Address 11320 Beauvoir Ln

City Lumberton State TX Zip Code 77657-5202

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Peter Morrison

Mailing Address 11320 Beauvoir Ln

City Lumberton State TX Zip Code 77657-5202

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

Name of Employer Self Employed Occupation Businessman

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Philip Nauert

Mailing Address 4604 Holt St

City Bellaire State TX Zip Code 77401

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

Name of Employer Contemporary Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
 250.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 34 OF 98
(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)
Edward A. Neusel, DDS

Mailing Address 14 Pascal Ln

City Austin State TX Zip Code 78746-3203

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11A1.5050

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Hon. Robert Lee Nichols

Mailing Address PO Box 1591

City Jacksonville State TX Zip Code 75766

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

Name of Employer State of Texas Occupation State Senator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11A1.4678

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Drew Nixon

Mailing Address 1509 West Panola St

City Carthage State TX Zip Code 75633

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

Name of Employer Self employed Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11A1.5070

Amount of Each Receipt this Period
 500.00

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 35 OF 98
	<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)
Drew Nixon

Mailing Address 1509 West Panola St

City Carthage State TX Zip Code 75633

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

Name of Employer Self employed Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period
1500.00

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

Mailing Address Box 1277

City Livingston State TX Zip Code 77351

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

Name of Employer First State Bank Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 17 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Tom Owens

Mailing Address 11701 Crestwood St

City Lumberton State TX Zip Code 77657

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

Name of Employer self Occupation self

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.5045

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 36 OF 98
	<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)
Mike Paddie

Mailing Address 495 CR 1920

City Warren State TX Zip Code 77664

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

Name of Employer Warren ISD Occupation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period
 500.00

Donation

B. Full Name (Last, First, Middle Initial)
Dwight D Peccora

Mailing Address 4507 Village Forest Dr

City Sugar Land State TX Zip Code 77479

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

Name of Employer Ft. Bend Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Terra Peterson

Mailing Address 6 Nightfall Place

City The Woodlands State TX Zip Code 77381

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

Name of Employer Anadarko Petroleum Occupation Lease Data Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period
 500.00

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 37 OF 98
	<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)
Edward B Pickett

Mailing Address PO Box 23

City State Zip Code
Liberty TX 77575

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 5637

City State Zip Code
Beaumont TX 77726

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
4600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Don Radley

Mailing Address PO Box 404

City State Zip Code
Sour Lake TX 77659

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
2600.00

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

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

4850.00

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

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

FOR LINE NUMBER: PAGE 38 OF 98
(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)
James Curtis Ray

Mailing Address 6355 Westgate Drive

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Self Employed Petroleum Landman/Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period
250.00

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

Mailing Address 6355 Westgate Drive

City State Zip Code
Beaumont TX 77706

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

Name of Employer Occupation
Self Employed Petroleum Landman/Real Estate

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John W Robinson

Mailing Address 108 Cypress St

City State Zip Code
Silsbee TX 77656

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

Name of Employer Occupation
Drying Technology, Inc Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.5195

Amount of Each Receipt this Period
250.00

Contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 98
	<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. Edward F. Rod Jr.

Mailing Address 430 Berry Rd

City State Zip Code
Beaumont TX 77706

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period
500.00

Donation

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

Mailing Address 6315 Ellington Ln

City State Zip Code
Beaumont TX 77706-4045

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

Name of Employer Southeast TX Ear Nose & Throat Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2313 Oak Ridge Ave

City State Zip Code
Nederland TX 77627

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

Name of Employer Echo Maintenance LLC Occupation Owner/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period
500.00

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 40 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 476 Oakland

City State Zip Code
Beaumont TX 77701

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

Name of Employer Occupation
Self Employed Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Gloria G. Roemer

Mailing Address P.O. Box 56

City State Zip Code
Stowell TX 77661

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dana Rosenstein

Mailing Address 2103 Cross Creek Ct

City State Zip Code
Arlington TX 76017

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
250.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6126 Sugar Hill

City Houston State TX Zip Code 77057

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

Name of Employer Kirby Corporation Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period
500.00

Donation

B. Full Name (Last, First, Middle Initial)
Mrs. Cindi Sako

Mailing Address 4048 Lincoln Ave

City Groves State TX Zip Code 77619

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Dr. Ted Sako

Mailing Address 4048 Lincoln Ave

City Groves State TX Zip Code 77619

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5139

Amount of Each Receipt this Period
2500.00

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 42 OF 98
	<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)
Henry Salzhauer

Mailing Address 11 Hilldale Lane

City State Zip Code
Sands PT NY 11050

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

Name of Employer Occupation
Benjamin Partners Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Salzhauer

Mailing Address 710 West 246th St
PO Box 1599

City State Zip Code
New York NY 10471

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

Name of Employer Occupation
Benjamin Partners Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period
250.00

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

Mailing Address 13115 Boheme

City State Zip Code
Houston TX 77079

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

Name of Employer Occupation
Lugenbuhl Firm Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 98
	<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. Paul Spence

Mailing Address 1815 FM 82

City Kirbyville State TX Zip Code 75956

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

Name of Employer Southeast Texas Industries Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Mrs. Stacy Spence

Mailing Address 1815 FM 82

City Kirbyville State TX Zip Code 75956

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

Name of Employer Southeast Texas Industries Occupation Treasurer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
William Jay Stahl

Mailing Address 17 September Ridge

City Johnson City State TX Zip Code 78636

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

Name of Employer NanoTox Inc Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 13 / 2014

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
 500.00

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

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

5700.00

**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 98
(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)
Robert William Stallings

Mailing Address 7905 Brookhollow Blvd

City Frisco State TX Zip Code 75034

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

Name of Employer GAINSCO Corp Occupation Executive Chairman

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Steve Stephens

Mailing Address PO Box 1203

City Dayton State TX Zip Code 77535

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2436 Nottingham St

City Houston State TX Zip Code 77005

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

Name of Employer KBR Inc Occupation Director of Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period
 1628.54
 In-kind - Fundraiser Expenses

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

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

2378.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 98
	<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)
William Stout

Mailing Address 2436 Nottingham Street

City Houston State TX Zip Code 77005

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

Name of Employer: Sutliff & Stout, PLLC Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 19 / 2014

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period: 1285.05

In-kind - Fundraiser Expenses

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

Mailing Address 108 Forse Drive

City Woodville State TX Zip Code 75979

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

Name of Employer: Millennium Real Estate Occupation: Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1600.00

Date of Receipt: 03 / 03 / 2014

Transaction ID : SA11AI.5110

Amount of Each Receipt this Period: 1500.00

Sole Proprietorship attribution.

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Graham E. Sutliff

Mailing Address 10014 Meadow Lake Ln

City Houston State TX Zip Code 77042

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

Name of Employer: Sutliff & Stout Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 15 / 2014

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period: 1000.00

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

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

2285.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 98
	<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)
Amy Little Thomas

Mailing Address 610 West Braddock Road

City Alexandria State VA Zip Code 22302

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

Name of Employer Embassy of the United Arab Emirates Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
Steve Townley

Mailing Address 911 W A Holder Road

City Livingston State TX Zip Code 77351

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Juanita Turk

Mailing Address 1008 Pinewood Blvd

City Sour Lake State TX Zip Code 77659

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

Name of Employer Re-Max Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
2600.00

See Reattribution Below.

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 47 OF 98
	<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)
Juanita Turk

Mailing Address 1008 Pinewood Blvd

City State Zip Code
Sour Lake TX 77659

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

Name of Employer Occupation
Re-Max Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
-400.00

See Reattributed Below.

B. Full Name (Last, First, Middle Initial)
Mr. Wayne Turk

Mailing Address 101 Pinegarden

City State Zip Code
Sour Lake TX 77659

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

Name of Employer Occupation
Neches Engineers Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
400.00

Reattributed.

C. Full Name (Last, First, Middle Initial)
Dale Westerfeld

Mailing Address 6933 Shadow Creek Ct

City State Zip Code
Fort Worth TX 76132-4524

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

Name of Employer Occupation
ARS Group Ltd Consultant

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period
500.00

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 48 OF 98
(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. Andy Whitehead

Mailing Address **PO Box 1095**

City **Buna** State **TX** Zip Code **77612-1095**

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

Name of Employer **Self** Occupation **Oil and Gas**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jason Zimmerman

Mailing Address **1824 Barrington Dr**

City **Keller** State **TX** Zip Code **76262**

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

Name of Employer **Self** Occupation **Pediatric Dentist**

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

Election Cycle-to-Date
2001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
2001.00

C. Full Name (Last, First, Middle Initial)
Merle C Zimmerman

Mailing Address **298 County Road 2152**

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

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

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

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

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
500.00

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

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

3501.00

128814.59

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

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

FOR LINE NUMBER: PAGE 49 OF 98
(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)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.5080

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN State TX Zip Code 77805

FEC ID number of contributing federal political committee. **C** C00472241

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.5114

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
KBR, INC. PAC

Mailing Address 601 JEFFERSON
SUITE 3746C

City HOUSTON State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00431114

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.5099

Amount of Each Receipt this Period
5000.00

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

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

12000.00

**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 50 OF 98
	<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)
Locke Lord Bissell & Liddell LLP PAC

Mailing Address 600 Travis
Suite 2800

City Houston State TX Zip Code 77002

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

Name of Employer PAC Occupation PAC

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11C.5158

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

FEC ID number of contributing federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5160

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

FEC ID number of contributing federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5346

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 51 OF 98
	<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)
PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City State Zip Code
DALLAS TX 75382

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5164

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Texas Forestry Association Forestry PAC

Mailing Address PO Box 1488

City State Zip Code
Lufkin TX 75902-1488

FEC ID number of contributing federal political committee. **C C00297911**

Name of Employer Occupation
PAC PAC

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11C.5051

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WEBER FOR CONGRESS

Mailing Address PO BOX 1327

City State Zip Code
FRIENDSWOOD TX 77549

FEC ID number of contributing federal political committee. **C C00502229**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5162

Amount of Each Receipt this Period
2000.00

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

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

4500.00

21500.00

**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 53 OF 98	
	<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. Brian Leif Babin		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 260 W 52nd St 21E		Amount of Each Disbursement this Period 896.50 Transaction ID : SB17.5172
City New York State NY Zip Code 10019	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRIAN BABIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 2780.73 Transaction ID : SB17.5318
City WOODVILLE State TX Zip Code 75979	Purpose of Disbursement Signs 006 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 36		

Full Name (Last, First, Middle Initial) C. BRIAN BABIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.5319
City WOODVILLE State TX Zip Code 75979	Purpose of Disbursement Advertising 004 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 36		

SUBTOTAL of Disbursements This Page (optional).....	4167.23
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)	PAGE 54 OF 98			
	<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. BRIAN BABIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 1150.00 Transaction ID : SB17.5320
City WOODVILLE	State TX	
Zip Code 75979	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: TX District: 36	

Full Name (Last, First, Middle Initial) B. BRIAN BABIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 2974.80 Transaction ID : SB17.5321
City WOODVILLE	State TX	
Zip Code 75979	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: TX District: 36	

Full Name (Last, First, Middle Initial) C. BRIAN BABIN		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 159		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5208
City WOODVILLE	State TX	
Zip Code 75979	Purpose of Disbursement In-kind - Gas	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: TX District: 36	

SUBTOTAL of Disbursements This Page (optional).....	4224.80
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 55 OF 98			
	<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. Beaumont Enterprise			Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address P.O. Box 80097			Amount of Each Disbursement this Period 741.76	
City Prescott	State AZ	Zip Code 86304	Transaction ID : SB17.5293	
Purpose of Disbursement Advertisement		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Beaumont Enterprise			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address P.O. Box 80097			Amount of Each Disbursement this Period 428.89	
City Prescott	State AZ	Zip Code 86304	Transaction ID : SB17.5302	
Purpose of Disbursement Advertisement		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Berry Communications LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 7509 Spivey Dr			Amount of Each Disbursement this Period 22300.00	
City Austin	State TX	Zip Code 78749	Transaction ID : SB17.5166	
Purpose of Disbursement Mass Mailing		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	22300.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5293

Chase Bank Credit Card Transaction

Form/Schedule: SB17

Transaction ID: SB17.5302

Chase Bank Credit Card Transaction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 98			
	<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. Berry Communications LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address 7509 Spivey Dr			Amount of Each Disbursement this Period 20300.00	
City Austin	State TX	Zip Code 78749	Transaction ID : SB17.5167	
Purpose of Disbursement Mass Mailing		Category/ Type 006		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Buna Beacon			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014	
Mailing Address P.O. Box 1557			Amount of Each Disbursement this Period 375.00	
City Buna	State TX	Zip Code 77612	Transaction ID : SB17.5295	
Purpose of Disbursement Advertisement		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. By Morrell			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 2918 Ocean Mist Ct			Amount of Each Disbursement this Period 1344.87	
City Seabrook	State TX	Zip Code 77589	Transaction ID : SB17.5247	
Purpose of Disbursement Signs		Category/ Type 006		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	21644.87
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5295

Chase Bank Credit Card Transaction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 98			
	<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. By Morrell		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2918 Ocean Mist Ct		Amount of Each Disbursement this Period 665.74 Transaction ID : SB17.5249
City Seabrook	State TX	
Purpose of Disbursement Shirts		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Marketing Strategies		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 3240 Wilson Blvd Suite 202		Amount of Each Disbursement this Period 693.88 Transaction ID : SB17.5189
City Arlington	State VA	
Purpose of Disbursement Automated Phone Calls		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Campaign Marketing Strategies		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 3240 Wilson Blvd Suite 202		Amount of Each Disbursement this Period 2052.14 Transaction ID : SB17.5230
City Arlington	State VA	
Purpose of Disbursement Robo-Calls		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3411.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 98			
	<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. Chase Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 9636.67 Transaction ID : SB17.5269
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit Card Payment - see Memo transactions	Category/ Type 001
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. Clear Channel Broadcasting, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address P.O. Box 847489		Amount of Each Disbursement this Period 718.00 Transaction ID : SB17.5184
City Dallas	State TX	
Zip Code 75284	Purpose of Disbursement Radio spots	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sue Cleveland		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 589.89 Transaction ID : SB17.5180
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10944.56
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 61 OF 98		
	<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. Sue Cleveland		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 30055		Amount of Each Disbursement this Period 875.36 Transaction ID : SB17.5243
City Lumberton	State TX	
Zip Code 77657	Purpose of Disbursement Yard Signs/Materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Taylor Cooper		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 16.95 Transaction ID : SB17.5178
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Taylor Cooper		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 419.75 Transaction ID : SB17.5255
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1312.06
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 62 OF 98			
	<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. Taylor Cooper		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 481.11 Transaction ID : SB17.5183
City Woodville	State TX	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Taylor Cooper		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 419.75 Transaction ID : SB17.5258
City Woodville	State TX	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Taylor Cooper		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5244
City Woodville	State TX	
Purpose of Disbursement Postage	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	481.11
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 63 OF 98	
	<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. Taylor Cooper		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 419.75 Transaction ID : SB17.5260
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Taylor Cooper		Date of Disbursement MM / DD / YYYY 03 / 19 / 2014
Mailing Address P.O. Box 993		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5262
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tanner Dickens		Date of Disbursement MM / DD / YYYY 02 / 23 / 2014
Mailing Address 2202 Magnolia Bend		Amount of Each Disbursement this Period 267.00 Transaction ID : SB17.5263
City Baytown	State TX	
Zip Code 77523	Purpose of Disbursement Distribute Signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1186.75
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 64 OF 98	
	<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. Tanner Dickens		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2202 Magnolia Bend		Amount of Each Disbursement this Period 508.00 Transaction ID : SB17.5265
City Baytown State TX Zip Code 77523	Purpose of Disbursement Distribute Signs Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Harris Media, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 611 S. Congress Avenue Suite 400		Amount of Each Disbursement this Period 17735.33 Transaction ID : SB17.5241
City Austin State TX Zip Code 78704	Purpose of Disbursement Advertising/Social Media Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Hometown Press		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 336 Broadway		Amount of Each Disbursement this Period 495.00 Transaction ID : SB17.5298 [MEMO ITEM]
City Winnie State TX Zip Code 77665	Purpose of Disbursement Advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	18243.33
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5298

Chase Bank Credit Card Transaction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 98			
	<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. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 323.65 Transaction ID : SB17.5251
City Ogden State UT Zip Code 84201	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 221.48 Transaction ID : SB17.5252
City Ogden State UT Zip Code 84201	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 723.48 Transaction ID : SB17.5253
City Ogden State UT Zip Code 84201	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1268.61
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 67 OF 98			
	<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. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address Ogden, UT 84201		Amount of Each Disbursement this Period 40.34 Transaction ID : SB17.5254
City Ogden	State UT Zip Code 84201	
Purpose of Disbursement Payroll Taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 700.80 Transaction ID : SB17.5256
City Woodville	State TX Zip Code 75979	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 700.80 Transaction ID : SB17.5257
City Woodville	State TX Zip Code 75979	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1441.94
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 68 OF 98		
	<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. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 62.03 Transaction ID : SB17.5228
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Campaign Apparal	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 700.80 Transaction ID : SB17.5259
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 116.86 Transaction ID : SB17.5245
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	879.69
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 69 OF 98	
	<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. Stephen Janushkowsky		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address P.O. Box 159		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5261
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cody Allen Jarrott		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 1051 N Nellius		Amount of Each Disbursement this Period 227.29 Transaction ID : SB17.5175
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Quickbooks program	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Autumn Jodzio		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 204 Fieldcrest		Amount of Each Disbursement this Period 4900.00 Transaction ID : SB17.5182
City Ann Arbor	State MI	
Zip Code 48103	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5627.29
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 70 OF 98			
	<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. KOGT Radio		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address P.O. Box 1667		Amount of Each Disbursement this Period 840.00
City Orange	State TX	
Zip Code 77631	Purpose of Disbursement Advertisement	Transaction ID : SB17.5291
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. KSHN FM		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 2099 Sam Houston		Amount of Each Disbursement this Period 996.00
City Liberty	State TX	
Zip Code 77575	Purpose of Disbursement Advertisement	Transaction ID : SB17.5286
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Liberty Gazette		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 314 Main St.		Amount of Each Disbursement this Period 464.78
City Liberty	State TX	
Zip Code 77575	Purpose of Disbursement Advertising	Transaction ID : SB17.5223
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	464.78
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5291

Chase Bank Credit Card Transaction

Form/Schedule: SB17

Transaction ID: SB17.5286

Chase Bank Credit Card Transaction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 98			
	<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. Piryx, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 3002.54 Transaction ID : SB17.5266
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Fundraising Fees	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Polk County Republicans		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 411 N Washington		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5336
City Livingston	State TX Zip Code 77351	
Purpose of Disbursement Booth Rental	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jason Posey		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 2925 Gulf Freeway S Suite B212		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB17.5179
City League City	State TX Zip Code 77573	
Purpose of Disbursement Signs	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4377.54
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 73 OF 98	
	<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. Rayburn Broadcasting Co		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 765 Hemphill St		Amount of Each Disbursement this Period 601.00
City Jasper	State TX Zip Code 75951	
Purpose of Disbursement Advertisement	Category/Type 004	Transaction ID : SB17.5288 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ryan Data & Research		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address P.O. Box 202675		Amount of Each Disbursement this Period 1500.00
City Austin	State TX Zip Code 78720	
Purpose of Disbursement Voter Data	Category/Type 001	Transaction ID : SB17.5176
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 01 / 30 / 2014
Mailing Address 4608 North St		Amount of Each Disbursement this Period 290.07
City Nacogdoches	State TX Zip Code 75965	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : SB17.5275 [MEMO ITEM]
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).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.5288

Chase Bank Credit Card Transaction

Form/Schedule: SB17

Transaction ID: SB17.5275

Chase Bank Credit Card Transaction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 98			
	<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. Mrs. Marit Babin Stout			Date of Disbursement MM / DD / YYYY 02 / 19 / 2014	
Mailing Address 2436 Nottingham St			Amount of Each Disbursement this Period 1628.54	
City Houston	State TX	Zip Code 77005	Transaction ID : SB17.4759	
Purpose of Disbursement In-kind - Fundraiser Expenses		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. William Stout			Date of Disbursement MM / DD / YYYY 02 / 19 / 2014	
Mailing Address 2436 Nottingham Street			Amount of Each Disbursement this Period 1285.05	
City Houston	State TX	Zip Code 77005	Transaction ID : SB17.4751	
Purpose of Disbursement In-kind - Fundraiser Expenses		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. The Dam Good Times			Date of Disbursement MM / DD / YYYY 02 / 13 / 2014	
Mailing Address P.O. Box 2911			Amount of Each Disbursement this Period 1500.00	
City League City	State TX	Zip Code 77574	Transaction ID : SB17.5177	
Purpose of Disbursement Advertising		Category/ Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4413.59
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 76 OF 98			
	<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. The Record Newspapers		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 320 Henrietta		Amount of Each Disbursement this Period 520.00
City Orange	State TX	
Zip Code 77630	Purpose of Disbursement Advertising	Transaction ID : SB17.5333
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. The Silsbee Bee		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address P.O. Box 547		Amount of Each Disbursement this Period 584.74
City Silsbee	State TX	
Zip Code 77656	Purpose of Disbursement Advertisement	Transaction ID : SB17.5300
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. The Tree Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 209 S. Magnolia		Amount of Each Disbursement this Period 1515.00
City Woodville	State TX	
Zip Code 75979	Purpose of Disbursement Primary Election Night Reception	Transaction ID : SB17.5235
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1515.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5333

Chase Bank Credit Card Transaction

Form/Schedule: SB17

Transaction ID: SB17.5300

Chase Bank Credit Card Transaction

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 98			
	<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. The Vindicator		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1939 Trinity		Amount of Each Disbursement this Period 295.00
City Liberty	State TX	
Purpose of Disbursement Advertisement	Zip Code 77575	Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Vindicator		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 1939 Trinity		Amount of Each Disbursement this Period 350.00
City Liberty	State TX	
Purpose of Disbursement Advertisement	Zip Code 77575	Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Emily Waldrep		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 340.00
City Woodville	State TX	
Purpose of Disbursement Campaign Photography	Zip Code 75979	Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.5290

Chase Bank Credit Card Transaction

Form/Schedule: SB17

Transaction ID: SB17.5297

Chase Bank Credit Card Transaction

**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 98		
	<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. Emily Waldrep		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5186
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Emily Waldrep		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 170.00 Transaction ID : SB17.5225
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Emily Waldrep		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.5239
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	530.00
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 81 OF 98			
	<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. Emily Waldrep		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2434 FM 2992		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.5246
City Woodville State TX Zip Code 75979	Purpose of Disbursement Photography Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 429.75 Transaction ID : SB17.5209
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing Costs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 32.48 Transaction ID : SB17.5211
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing Costs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	722.23
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)	PAGE 82 OF 98			
	<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. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 211.08 Transaction ID : SB17.5212
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing Costs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 93.10 Transaction ID : SB17.5213
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing Costs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 45.46 Transaction ID : SB17.5216
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing Costs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	349.64
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 83 OF 98			
	<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. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 253.30 Transaction ID : SB17.5217
City Woodville	State TX	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 145.92 Transaction ID : SB17.5218
City Woodville	State TX	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 54.12 Transaction ID : SB17.5219
City Woodville	State TX	
Purpose of Disbursement Pledge Cards	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	453.34
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 84 OF 98			
	<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. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 256.88
City Woodville State TX Zip Code 75969	Purpose of Disbursement Pledge Cards	
Candidate Name	Category/Type	Transaction ID : SB17.5220
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 3.24
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing	
Candidate Name	Category/Type	Transaction ID : SB17.5221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Walling Signs and Graphics		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 211 South Magnolia		Amount of Each Disbursement this Period 408.19
City Woodville State TX Zip Code 75969	Purpose of Disbursement Printing	
Candidate Name	Category/Type	Transaction ID : SB17.5222
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	668.31
TOTAL This Period (last page this line number only).....	112468.43

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 : SC/10.4161

DR BRIAN BABIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BRIAN BABIN

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 159

City State ZIP Code
WOODVILLE TX 75979

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: M 12 / D 17 / Y 2013
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	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

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 : SC/10.4162

DR BRIAN BABIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BRIAN BABIN

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 159

City

State

ZIP Code

WOODVILLE

TX

75979

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2013 Y

M M /

D D /

Y None Y

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

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 : **SC/10.4517**

DR BRIAN BABIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

BRIAN BABIN

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 159

City State ZIP Code
WOODVILLE TX 75979

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: M 02 / D 11 / Y 2014
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	25000.00
TOTALS This Period (last page in this line only).....	75000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIAN BABIN

Mailing Address PO BOX 159

City State Zip Code
 WOODVILLE TX 75979

Nature of Debt (Purpose):
 Campaign Signs

Outstanding Balance Beginning This Period	Transaction ID : SD10.4658	
2780.73		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2780.73	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brian Leif Babin

Mailing Address 260 W 52nd St
 21E

City State Zip Code
 New York NY 10019

Nature of Debt (Purpose):
 Airfare

Outstanding Balance Beginning This Period	Transaction ID : SD10.4653	
896.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	896.50	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIAN BABIN

Mailing Address PO BOX 159

City State Zip Code
 WOODVILLE TX 75979

Nature of Debt (Purpose):
 Advertisement - Vindicator

Outstanding Balance Beginning This Period	Transaction ID : SD10.4655	
490.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	490.00	0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIAN BABIN

Nature of Debt (Purpose):
Advertisement - Newton County News

Mailing Address PO BOX 159

City State Zip Code
WOODVILLE TX 75979

Outstanding Balance Beginning This Period

1150.00

Transaction ID : SD10.4656

Amount Incurred This Period

0.00

Payment This Period

1150.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIAN BABIN

Nature of Debt (Purpose):
Advertisement - Booster

Mailing Address PO BOX 159

City State Zip Code
WOODVILLE TX 75979

Outstanding Balance Beginning This Period

2974.80

Transaction ID : SD10.4657

Amount Incurred This Period

0.00

Payment This Period

2974.80

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sue Cleveland

Nature of Debt (Purpose):
Reimbursement-Adv/Office Supplies

Mailing Address P.O. Box 159

City State Zip Code
Woodville TX 75979

Outstanding Balance Beginning This Period

589.89

Transaction ID : SD10.4654

Amount Incurred This Period

0.00

Payment This Period

589.89

Outstanding Balance at Close of This Period

0.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

0.00

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 98
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor East Texas Peddler		Nature of Debt (Purpose): Advertising
Mailing Address PO Box 985		
City Jasper	State TX	Zip Code 75951

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5306	
Amount Incurred This Period 1455.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1455.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor East Texas Peddler		Nature of Debt (Purpose): Advertising
Mailing Address PO Box 985		
City Jasper	State TX	Zip Code 75951

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5308	
Amount Incurred This Period 420.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 420.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harris Media, LLC		Nature of Debt (Purpose): Second Half of Website and Advertsing Budget
Mailing Address 611 S. Congress Avenue Suite 400		
City Austin	State TX	Zip Code 78704

Outstanding Balance Beginning This Period 20575.00	Transaction ID : SD10.4631	
Amount Incurred This Period 0.00	Payment This Period 17735.33	Outstanding Balance at Close of This Period 2839.67

1) SUBTOTALS This Period This Page (optional)	4714.67
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy Hensarling		Nature of Debt (Purpose): County Maps/Office Supplies
Mailing Address P.O. Box 943		
City	State	Zip Code
Woodville	TX	75979

Outstanding Balance Beginning This Period	Transaction ID : SD10.4651	
<input type="text" value="172.54"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="172.54"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Internal Revenue Service		Nature of Debt (Purpose): Payroll Taxes
Mailing Address Ogden, UT 84201		
City	State	Zip Code
Ogden	UT	84201

Outstanding Balance Beginning This Period	Transaction ID : SD10.4662	
<input type="text" value="323.65"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="323.65"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cody Allen Jarrott		Nature of Debt (Purpose): Quickbooks accounting program
Mailing Address 1051 N Nellius		
City	State	Zip Code
Woodville	TX	75979

Outstanding Balance Beginning This Period	Transaction ID : SD10.4650	
<input type="text" value="227.29"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="227.29"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Autumn Jodzio

Mailing Address 204 Fieldcrest

City State Zip Code
 Ann Arbor MI 48103

Nature of Debt (Purpose):
 Contract Campaign Manager

Outstanding Balance Beginning This Period 4900.00	Transaction ID : SD10.4661	
Amount Incurred This Period 0.00	Payment This Period 4900.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Jason Posey

Mailing Address 2925 Gulf Freeway S Suite B212

City State Zip Code
 League City TX 77573

Nature of Debt (Purpose):
 Yard Signs

Outstanding Balance Beginning This Period 1125.00	Transaction ID : SD10.4632	
Amount Incurred This Period 0.00	Payment This Period 1125.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ryan Data & Research

Mailing Address P.O. Box 202675

City State Zip Code
 Austin TX 78720

Nature of Debt (Purpose):
 January/February Voter Data

Outstanding Balance Beginning This Period 1500.00	Transaction ID : SD10.4648	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Texas GOP Store

Mailing Address 404 I-45 South

City State Zip Code
Huntsville TX 77340

Nature of Debt (Purpose):
Signs

Outstanding Balance Beginning This Period **Transaction ID : SD10.5309**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
5647.94 0.00 5647.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Dam Good Times

Mailing Address P.O. Box 2911

City State Zip Code
League City TX 77574

Nature of Debt (Purpose):
Advertisement

Outstanding Balance Beginning This Period **Transaction ID : SD10.4646**
1500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 1500.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Dam Good Times

Mailing Address P.O. Box 2911

City State Zip Code
League City TX 77574

Nature of Debt (Purpose):
Advertising

Outstanding Balance Beginning This Period **Transaction ID : SD10.5312**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1500.00 0.00 1500.00

1) SUBTOTALS This Period This Page (optional)	7147.94
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Walling Signs and Graphics

Nature of Debt (Purpose):
Contribution Cards

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Outstanding Balance Beginning This Period

54.12

Transaction ID : SD10.4634

Amount Incurred This Period

0.00

Payment This Period

54.12

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Walling Signs and Graphics

Nature of Debt (Purpose):
Printing Costs

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.4659

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Walling Signs and Graphics

Nature of Debt (Purpose):
Envelopes

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Outstanding Balance Beginning This Period

253.30

Transaction ID : SD10.4636

Amount Incurred This Period

0.00

Payment This Period

253.30

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

50.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Letterhead

Outstanding Balance Beginning This Period **Transaction ID : SD10.4637**
145.92

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 145.92 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Campaign Materials

Outstanding Balance Beginning This Period **Transaction ID : SD10.4638**
429.75

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 429.75 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Signs/Printing

Outstanding Balance Beginning This Period **Transaction ID : SD10.4639**
408.19

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 408.19 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Photocopies

Outstanding Balance Beginning This Period **Transaction ID : SD10.4640**
32.48

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 32.48 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Campaign Buttons/Cards

Outstanding Balance Beginning This Period **Transaction ID : SD10.4641**
211.08

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 211.08 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Walling Signs and Graphics

Mailing Address 211 South Magnolia

City State Zip Code
Woodville TX 75969

Nature of Debt (Purpose):
Business Cards

Outstanding Balance Beginning This Period **Transaction ID : SD10.4642**
93.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 93.10 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Walling Signs and Graphics		Nature of Debt (Purpose): Pledge Cards
Mailing Address 211 South Magnolia		
City	State	Zip Code
Woodville	TX	75969

Outstanding Balance Beginning This Period	Transaction ID : SD10.4643	
<input type="text" value="256.88"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="256.88"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Walling Signs and Graphics		Nature of Debt (Purpose): Document Scans
Mailing Address 211 South Magnolia		
City	State	Zip Code
Woodville	TX	75969

Outstanding Balance Beginning This Period	Transaction ID : SD10.4644	
<input type="text" value="3.24"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="3.24"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Walling Signs and Graphics		Nature of Debt (Purpose): Posters/Push Cards
Mailing Address 211 South Magnolia		
City	State	Zip Code
Woodville	TX	75969

Outstanding Balance Beginning This Period	Transaction ID : SD10.4645	
<input type="text" value="45.46"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="45.46"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

DR BRIAN BABIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Walling Signs and Graphics		Nature of Debt (Purpose): Printing Costs
Mailing Address 211 South Magnolia		
City	State	Zip Code
Woodville	TX	75969

Outstanding Balance Beginning This Period	Transaction ID : SD10.4660	
<input type="text" value="21.65"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="21.65"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Walling Signs and Graphics		Nature of Debt (Purpose): Printing Cost
Mailing Address 211 South Magnolia		
City	State	Zip Code
Woodville	TX	75969

Outstanding Balance Beginning This Period	Transaction ID : SD10.5331	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="973.14"/>	<input type="text" value="0.00"/>	<input type="text" value="973.14"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="994.79"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="12907.40"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="75000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="87907.40"/>