

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Doctors Offering Competitive Solutions PAC DOCS PAC

ADDRESS (number and street) 5575 Warren Parkway, Suite 221 Check if different than previously reported. (ACC) Frisco TX 75034

2. FEC IDENTIFICATION NUMBER C00410290 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 Kevin R. Coats

Signature of Treasurer Electronically Filed by Kevin R. Coats Date 01 31 2008

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 9: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Doctors Offering Competitive Solutions PAC DOCS PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		10664.84
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	9664.84									
(c) Total Receipts (from Line 19) .....	14000.00	19000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	23664.84	29664.84								
7. Total Disbursements (from Line 31) .....	11262.00	17262.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12402.84	12402.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name

Doctors Offering Competitive Solutions PAC DOCS PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14000.00	19000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14000.00	19000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14000.00	19000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14000.00	19000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14000.00	19000.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	762.00	762.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	762.00	762.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1500.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11262.00	17262.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11262.00	17262.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	14000.00	19000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14000.00	19000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	762.00	762.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	762.00	762.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerald Bays		Date of Receipt
	Mailing Address 5101 Lorraine Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2007
	City	State	Zip Code
	Frisco	TX	75034-6303
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80131.C106
Name of Employer Pinnacle Anesthesia		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Bowman		Date of Receipt
	Mailing Address 5200 Windjammer Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2007
	City	State	Zip Code
	Plano	TX	75093-4023
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80131.C101
Name of Employer Richard T. Bowman MD		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) A. Joseph Cribbins III		Date of Receipt
	Mailing Address 6000 Arrowhead Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2007
	City	State	Zip Code
	Frisco	TX	75034-4858
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 80131.C102
Name of Employer Self		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Fitzgerald  
 Mailing Address 440 San Gabriel  
 City Sunnyvale State TX Zip Code 75182  
 Date of Receipt 08 / 16 / 2007  
**Transaction ID:** 80131.C98  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 Name of Employer MD on Call Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Barry Fleming  
 Mailing Address 5117 Mariners Dr  
 City Plano State TX Zip Code 75093-2504  
 Date of Receipt 08 / 16 / 2007  
**Transaction ID:** 80131.C100  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Name of Employer Self Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ramon Guerrero  
 Mailing Address 5001 Hudson Dr  
 City Plano State TX Zip Code 75093-5080  
 Date of Receipt 11 / 05 / 2007  
**Transaction ID:** 80131.C111  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 Name of Employer Pinnacle Anesthesia Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Hamm

Mailing Address 6617 Overlook Ct

City State Zip Code  
Plano TX 75024-7416

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

Name of Employer Occupation  
Stephen V. Hamm, MD, PA Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: 80131.C112

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Briant Herzog

Mailing Address 6200 W. Parker Rd  
No. 310

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Self Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 7

Transaction ID: 80131.C103

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Mark McQuaid

Mailing Address 2002 Creekridge Dr

City State Zip Code  
Frisco TX 75034-5945

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

Name of Employer Occupation  
Associates in Surgery Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: 80131.C110

Amount of Each Receipt this Period

500.00

Receipt

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

2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David Rogers		Date of Receipt	
	Mailing Address 2902 Green Tree		M M / D D / Y Y Y Y Y 09 / 27 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 80131.C109
	Mc Kinney	TX	75070-4330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Frisco GYN		Occupation Medical Doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ewen Tseng		Date of Receipt	
	Mailing Address 1801 Danby Dr		M M / D D / Y Y Y Y Y 08 / 16 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 80131.C105
	Plano	TX	75093-4939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		750.00	
Name of Employer Plano ENT, Inc.		Occupation Medical Doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Unger		Date of Receipt	
	Mailing Address 2975 Magnolia Hill Ct		M M / D D / Y Y Y Y Y 08 / 16 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 80131.C104
	Dallas	TX	75201-1685	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Pinnacle Anesthesia		Occupation Medical Doctor		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Katherine White	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 6524 Riverhill Dr	<b>Transaction ID:</b> 80131.C107
	City State Zip Code Plano TX 75024-7434	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer ASsociated Womens Healthe-care Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathryn Zenthoefr	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 24 Stonebriar Way	<b>Transaction ID:</b> 80131.C108
	City State Zip Code Frisco TX 75034-5941	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Kathryn J. Wood, MD Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Zigler	Date of Receipt MM / DD / YYYY 08 / 16 / 2007
	Mailing Address 5612 Stone Cliff Ct	<b>Transaction ID:</b> 80131.C99
	City State Zip Code Dallas TX 75287-7535	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Texas Back Institute Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Doctors Offering Competitive Solutions PAC DOCS PAC

A.

Full Name (Last, First, Middle Initial)

Akin Gump Strauss Hauer & Feld LLP

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

Purpose of Disbursement  
Legal fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E48

Date of Disbursement

/   /

Amount of Each Disbursement this Period

LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ..... ►

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

A.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 80131.E53 Date of Disbursement 09 / 24 / 2007
	Mailing Address 1611 K Ave	Amount of Each Disbursement this Period 1200.00
	City Plano State TX Zip Code 75074-6119	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name SAMUEL R JOHNSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Hall for Congress Committee	Transaction ID: 80131.E58 Date of Disbursement 12 / 04 / 2007
	Mailing Address PO Box 711	Amount of Each Disbursement this Period 2300.00
	City Rockwall State TX Zip Code 75087-0711	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name RALPH MOODY HALL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Kay Bailey Hutchison for Senate	Transaction ID: 80131.E49 Date of Disbursement 08 / 06 / 2007
	Mailing Address PO Box 9190 800 Brazos Suite 1200	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75209-	
	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
	Candidate Name KAY BAILEY HUTCHISON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shelley Sekula-Gibbs for Cong Camp Cmte</p> <p>Mailing Address PO Box 890954</p> <p>City Houston State TX Zip Code 77289-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name SHELLEY A SEKULA-GIBBS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80131.E51 <b>Date of Disbursement</b> 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn</p> <p>Mailing Address 6850 Austin Centre Blvd Ste 180</p> <p>City Austin State TX Zip Code 78731-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN CORNYN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80131.E52 <b>Date of Disbursement</b> 08 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>POLITICAL CONTRIBUTION</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Barrasso</p> <p>Mailing Address 6896 Casper Mountain Rd.</p> <p>City Casper State WY Zip Code 82601-</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name JOHN A BARRASSO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80131.E54 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>POLITICAL CONTRIBUTION</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Mary Landrieu

Mailing Address 607 14th St. NW  
Ste 800

City Washington State DC Zip Code 20005-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MARY L LANDRIEU

Office Sought:  House  
 Senate  
 President

State: LA District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 80131.E56

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

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

2000.00

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

9000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Doctors Offering Competitive Solutions PAC DOCS PAC

A.

Full Name (Last, First, Middle Initial)  
Jodie Laubenberg Campaign

Mailing Address 1911 Lorraine Ave

City State Zip Code  
Allen TX 75002-2619

Purpose of Disbursement  
STATE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E59

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Ken Paxton Campaign

Mailing Address 201 West Virginia Parkway

City State Zip Code  
Mc Kinney TX 75069-

Purpose of Disbursement  
STATE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80131.E57

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

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

1500.00

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

1500.00