

# 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

Michael Burgess for Congress

ADDRESS (number and street) ▼

PO Box 2334

Check if different than previously reported. (ACC)

Denton

TX

76202-2334

2. **FEC IDENTIFICATION NUMBER** ▼

C C00372532

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

TX

26

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 03 / 04 / 2014 in the State of TX

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

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

Election on / / in the State of

5. Covering Period

01 / 01 / 2014 through 02 / 12 / 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 Richard Springer

Signature of Treasurer Richard Springer

[Electronically Filed]

Date

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.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Michael Burgess 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))....	<input type="text" value="50310"/>	<input type="text" value="633721.01"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0"/>	<input type="text" value="2500"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="50310"/>	<input type="text" value="631221.01"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="71255.95"/>	<input type="text" value="457746.19"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0"/>	<input type="text" value="5634.9"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="71255.95"/>	<input type="text" value="452111.29"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="125538.67"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	

**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

**Michael Burgess for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24075	143809.17
(ii) Unitemized.....	5235	21608.46
(iii) TOTAL of contributions from individuals ▶	29310	165417.63
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	21000	468303.38
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50310	633721.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	2029.34
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	5634.9
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.38	5.73
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	50310.38	641390.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	71255.95	457746.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	2500
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	2500
21. OTHER DISBURSEMENTS .....	8500	177900
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79755.95	638146.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	154984.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50310.38
25. SUBTOTAL (add Line 23 and Line 24).....	205294.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79755.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	125538.67

**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 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard N. Burgess**

Mailing Address 4426 Warschun Road

City: Aubrey State: TX Zip Code: 76227

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

Name of Employer: Propath Associates, PA Occupation: Pathologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **650**

Date of Receipt: 01 / 14 / 2014

**Transaction ID : A-CF17447**

Amount of Each Receipt this Period: **250**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel D. Chambers**

Mailing Address 3045 Woodhollow Drive

City: Highland Village State: TX Zip Code: 75077-8697

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

Name of Employer: Key-Whitman Eye Center Occupation: Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: 01 / 14 / 2014

**Transaction ID : A-CF17479**

Amount of Each Receipt this Period: **500**

**C.** Full Name (Last, First, Middle Initial)  
**Brenda Crawford**

Mailing Address 2041 Sierra Place

City: Lewisville State: TX Zip Code: 75077-7535

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

Name of Employer: Northwestern Mutual Occupation: Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: 01 / 14 / 2014

**Transaction ID : A-CF17454**

Amount of Each Receipt this Period: **250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond L. Crawford Jr.**

Mailing Address 1720 South Edmonds Lane  
Suite 25

City Lewisville State TX Zip Code 75067-6317

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

Name of Employer Northwestern Mutual Occupation Salesman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17455**

Amount of Each Receipt this Period  
 250

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

Mailing Address 3710 Granada Trail

City Denton State TX Zip Code 76205-5514

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

Name of Employer State of Texas Occupation State Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17457**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Diane J. Garcia**

Mailing Address 120 West El Paseo

City Denton State TX Zip Code 76205

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17481**

Amount of Each Receipt this Period  
 250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Oscar N. Garcia**

Mailing Address 120 West El Paseo Street

City State Zip Code  
Denton TX 76205-8590

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

Name of Employer Occupation  
University of North Texas Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : A-CF17480**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**John M. Haley**

Mailing Address 149 Hillgreen Drive

City State Zip Code  
Dallas TX 75214

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : A-CF17476**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Haley**

Mailing Address 149 Hillgreen Drive

City State Zip Code  
Dallas TX 75214

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : A-CF17475**

Amount of Each Receipt this Period  
**250**

**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 8 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

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

Mailing Address 1605 Lyndon B Johnson Freeway  
Suite 710

City Dallas State TX Zip Code 75234-6099

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

Name of Employer Flower Mound, Texas Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17445**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 702 Sayles Boulevard

City Abilene State TX Zip Code 79605

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

Name of Employer Elm Place Ambulatory Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17451**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**George A. Moninger**

Mailing Address 633 Swan Drive

City Coppell State TX Zip Code 75019-4171

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17459**

Amount of Each Receipt this Period  
**500**

**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 9 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Adam Smith**

Mailing Address 245 East Dove Road

City Southlake State TX Zip Code 76092

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

Name of Employer Self-Employed Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17467**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 245 East Dove Road

City Southlake State TX Zip Code 76092

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17468**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Deborah L. Williams**

Mailing Address 300 Gibbons Road North

City Argyle State TX Zip Code 76226-4105

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

Name of Employer Self-Employed Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : A-CF17446**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan K. Blue**

Mailing Address 1001 Washington Avenue

City State Zip Code  
Fort Worth TX 76104-3021

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : A-CF17536**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Louis J. Bujnoch**

Mailing Address 2320 Bolsover Street

City State Zip Code  
Houston TX 77005

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : A-CF17531**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Leach Jr.**

Mailing Address 4208 Greenbrier Drive

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
UT Southwestern Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : A-CF17528**

Amount of Each Receipt this Period  
**1000**

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

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

**1800.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 60  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben G. Raimer**

Mailing Address 1712 Church Street

City State Zip Code  
Galveston TX 77550

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

Name of Employer Occupation  
UTMB Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : A-CF17537**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Shelley Sekula-Gibbs**

Mailing Address 14222 Golf View Trail

City State Zip Code  
Houston TX 77059

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

Name of Employer Occupation  
Self-Employed Dermatologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : A-CF17534**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Laurie J. Sutor**

Mailing Address 10419 Gooding Drive

City State Zip Code  
Dallas TX 75229

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

Name of Employer Occupation  
UT Southwestern Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2014

**Transaction ID : A-CF17530**

Amount of Each Receipt this Period  
250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alexander B. Kenton**

Mailing Address 55 Westelm Circle

City San Antonio State TX Zip Code 78230

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

Name of Employer MEDNAX Nat'l Medical Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 07 / 2014

**Transaction ID : A-CF17556**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Darcy G. Anderson**

Mailing Address 2005 Wood Thrush Court

City Westlake State TX Zip Code 76262-9084

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

Name of Employer Hillwood Development Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17622**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**J. Barry Clark**

Mailing Address 2349 Bridgewood Drive

City Keller State TX Zip Code 76262-8823

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

Name of Employer Peachtree Construction, Ltd. Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17625**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. Jan Collmer**

Mailing Address **PO Box 700577**

City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75370-0577</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		12		2014

**Transaction ID : A-CF17620**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Brian P. Cree**

Mailing Address **3114 Overlook Circle**

City <b>Highland Village</b>	State <b>TX</b>	Zip Code <b>75077-1839</b>
---------------------------------	--------------------	-------------------------------

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

Name of Employer <b>Self-Employed</b>	Occupation <b>Business Owner</b>
--	-------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		12		2014

**Transaction ID : A-CF17636**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Gary G. Cunningham**

Mailing Address **5323 Harry Hines Boulevard**

City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75235</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>Self-Employed</b>	Occupation <b>Physician</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		12		2014

**Transaction ID : A-CF17647**

Amount of Each Receipt this Period  
**1000**

**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: (check only one)	PAGE 14 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

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

Mailing Address 2025 West University Drive

City State Zip Code  
Denton TX 76201-0643

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

Name of Employer Occupation  
DeBerry Funeral Directors Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17634**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Wallace E. Downey**

Mailing Address 1000 Thornridge Court

City State Zip Code  
Argyle TX 76226-2532

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

Name of Employer Occupation  
Downey Publishing President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17613**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Cameron Godfrey**

Mailing Address 2308 Clarinda Avenue

City State Zip Code  
Wichita Falls TX 76308-1202

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17624**

Amount of Each Receipt this Period  
**250**

**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 15 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James R. Heerwagen**

Mailing Address 5420 Thistle Hill Circle

City Flower Mound	State TX	Zip Code 75022-5663
----------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17594**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Lee F. Jackson**

Mailing Address 6011 Desco Drive

City Dallas	State TX	Zip Code 75225-1902
----------------	-------------	------------------------

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

Name of Employer University of North Texas	Occupation University Administrator
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17615**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Walter Johnson**

Mailing Address 2900 Surveyors Lane

City Flower Mound	State TX	Zip Code 75022-5846
----------------------	-------------	------------------------

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17637**

Amount of Each Receipt this Period  
250

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sennett Kirk**

Mailing Address PO Box 1934

City State Zip Code  
Denton TX 76202-1934

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

Name of Employer Occupation  
Kirk Securities Stockbroker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17638**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2800 Woodlake Court

City State Zip Code  
Highland Village TX 75077-6496

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17611**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**William C. Lawrence**

Mailing Address 2800 Woodlake Court

City State Zip Code  
Highland Village TX 75077-6496

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17612**

Amount of Each Receipt this Period  
**1000**

**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: (check only one)	PAGE 17 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben A. Laws Jr.**

Mailing Address 7000 Greenleaf

City State Zip Code  
Flower Mound TX 75022-5829

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

Name of Employer Occupation  
Ben Laws & Associates, Inc. Computer Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17641**

Amount of Each Receipt this Period  
**50**

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

Mailing Address 3510 156th Street

City State Zip Code  
Lubbock TX 79423-6343

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

Name of Employer Occupation  
Calvert Home Health Care Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17597**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Madison**

Mailing Address 3510 156th Street

City State Zip Code  
Lubbock TX 79423-6343

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

Name of Employer Occupation  
Calvert Home Health Care Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17596**

Amount of Each Receipt this Period  
**500**

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

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

**1050.00**

**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 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Libby Maus**

Mailing Address 2500 Legacy Drive  
#250

City Frisco State TX Zip Code 75034

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 **275**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17659**

Amount of Each Receipt this Period  
**75**

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

Mailing Address PO Box BH003

City San Antonio State TX Zip Code 78201-1268

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

Name of Employer Red McCombs Automotive Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17645**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Mulroy**

Mailing Address 704 Lafayette Drive

City Denton State TX Zip Code 76205

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

Name of Employer CBS Mechanical Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17610**

Amount of Each Receipt this Period  
**2600**

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

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

**3675.00**

**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 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jill Rathbun**

Mailing Address 624 South Highland Street

City State Zip Code  
Arlington VA 22204-2435

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

Name of Employer Occupation  
Galileo Consulting Group Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17633**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Van W. Redman**

Mailing Address 2811 Carmel Street

City State Zip Code  
Denton TX 76205-8311

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**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17652**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Charles Rutan**

Mailing Address 2214 Edinburgh Avenue

City State Zip Code  
Trophy Club TX 76262-5496

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

Name of Employer Occupation  
Southwest Airlines FCU President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17621**

Amount of Each Receipt this Period  
**300**

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

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

**1050.00**

**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 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Curtis Tally**

Mailing Address PO Box 6

City State Zip Code  
Justin TX 76247-0006

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  
**700**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17601**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**John R. Trett**

Mailing Address 234 Edgewood Drive

City State Zip Code  
Highland Village TX 75077-6904

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

Name of Employer Occupation  
Eagle Point Marina Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17599**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 6933 Shadow Creek Court

City State Zip Code  
Fort Worth TX 76132-4524

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

Name of Employer Occupation  
Essner Manufacturing, LP President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17617**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Luann Westerfeld**

Mailing Address 6933 Shadow Creek Court

City State Zip Code  
Fort Worth TX 76132-4524

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**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17616**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2707 Clublake Trail

City State Zip Code  
McKinney TX 75070-4009

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

Name of Employer Occupation  
Self-Employed Public Speaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : A-CF17619**

Amount of Each Receipt this Period  
**500**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**750.00**

**24075.00**

**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 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alexion Pharmaceuticals, Inc. PAC**

Mailing Address 352 Knotter Drive

City Cheshire State CT Zip Code 06410-1138

FEC ID number of contributing federal political committee. **C** C00471169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2014

**Transaction ID : A-CF17471**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Alexion Pharmaceuticals, Inc. PAC**

Mailing Address 352 Knotter Drive

City Cheshire State CT Zip Code 06410-1138

FEC ID number of contributing federal political committee. **C** C00471169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2014

**Transaction ID : A-CF17472**

Amount of Each Receipt this Period  
 2400

**C.** Full Name (Last, First, Middle Initial)  
**Sabre, Inc. Political Action Committee**

Mailing Address 1250 Connecticut Avenue NW Suite 825

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2014

**Transaction ID : A-CF17473**

Amount of Each Receipt this Period  
 1500

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<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)  
**Michael Burgess for Congress**

**A. Biogen Idec PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Boston Post Road  
 City Weston State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C** C00390351  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2014  
**Transaction ID : A-CF17499**  
 Amount of Each Receipt this Period  
 2500

**B. National Association of Rehabilitation Agencies, Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 8th Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00192153  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2014  
**Transaction ID : A-CF17498**  
 Amount of Each Receipt this Period  
 1000

**C. Health Care Service Corporation Employees' PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 East Randolph Street  
 Floor 19  
 City Chicago State IL Zip Code 60601-7408  
 FEC ID number of contributing federal political committee. **C** C00199711  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014  
**Transaction ID : A-CF17542**  
 Amount of Each Receipt this Period  
 1500

**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 24 OF 60
<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)  
**Michael Burgess for Congress**

**A. Health Care Service Corporation Employees' PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 East Randolph Street  
Floor 19  
City Chicago State IL Zip Code 60601-7408

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2014

**Transaction ID : A-CF17618**

Amount of Each Receipt this Period  
-1500  
RETURNED CHECK

**B. People for Enterprise, Trade, and Economic Growth (PETE PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 7804 Evening Lane  
City Alexandria State VA Zip Code 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2014

**Transaction ID : A-CF17555**

Amount of Each Receipt this Period  
2000

**C. Physical Therapy PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 North Fairfax Street  
City Alexandria State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 07 / 2014

**Transaction ID : A-CF17559**

Amount of Each Receipt this Period  
1000

**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 25 OF 60
	<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)  
**Michael Burgess for Congress**

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

Mailing Address 1505 Prince Street  
Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF17565**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Health Care Service Corporation Employees' PAC**

Mailing Address 300 East Randolph Street  
Floor 19

City Chicago State IL Zip Code 60601-7408

FEC ID number of contributing federal political committee. **C** C00199711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF17562**

Amount of Each Receipt this Period  
1500

**C.** Full Name (Last, First, Middle Initial)  
**Society for Vascular Surgery Political Action Committee**

Mailing Address 633 North Saint Clair Street  
Floor 24

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF17564**

Amount of Each Receipt this Period  
1000

**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 26 OF 60
	<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)  
**Michael Burgess for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Texas Instruments, Inc. Political Action Committee (TI PAC)**

Mailing Address PO Box 742496

City State Zip Code  
Dallas TX 75374-2496

FEC ID number of contributing federal political committee. **C** C00007070

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF17563**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**American Fuel & Petrochemical Manufacturers PAC**

Mailing Address 1667 K Street NW  
Suite 700

City State Zip Code  
Washington DC 20006-1654

FEC ID number of contributing federal political committee. **C** C00415026

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17635**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Phillips 66 PAC**

Mailing Address 670 Adams Building 411  
South Keeler Avenue

City State Zip Code  
Bartlesville OK 74003

FEC ID number of contributing federal political committee. **C** C00513549

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : A-CF17609**

Amount of Each Receipt this Period  
2000

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

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

5500.00

21000.00

**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 27 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cubesmart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 201 S Interstate 35 E		Amount of Each Disbursement this Period 85 <b>Transaction ID : B-E-17393</b>
City Denton	State TX	
Zip Code 76205-7109	Purpose of Disbursement Storage	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>B. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 707 8th Street SE		Amount of Each Disbursement this Period 31.5 <b>Transaction ID : B-E-17546</b>
City Washington	State DC	
Zip Code 20003-2862	Purpose of Disbursement E-Merchant Fees	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>c. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2267 South Stemmons Freeway		Amount of Each Disbursement this Period 2.04 <b>Transaction ID : B-E-17392</b>
City Lewisville	State TX	
Zip Code 75067	Purpose of Disbursement General 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	118.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kim J. Garza Turner</b>			Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 9336 Loma Vista Drive			Amount of Each Disbursement this Period 2268.7
City Dallas	State TX	Zip Code 75243-7412	
Purpose of Disbursement SEE MEMO ITEMS		Category/ Type 001	<b>Transaction ID : B-E-17374</b>
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)		Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kim J. Garza Turner</b>			Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 9336 Loma Vista Drive			Amount of Each Disbursement this Period 1649.4
City Dallas	State TX	Zip Code 75243-7412	
Purpose of Disbursement Reimbursed- Mileage		Category/ Type 002	<b>Transaction ID : B-S-664</b> <b>[MEMO ITEM]</b> Subitemization of Kim Garza Turner(01/03/14)
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>c. Lynn Yeargain</b>			Date of Disbursement MM / DD / YYYY 01 / 03 / 2014
Mailing Address 121 Harmony Lane			Amount of Each Disbursement this Period 20.5
City Lake Dallas	State TX	Zip Code 75065-3301	
Purpose of Disbursement Event Supplies		Category/ Type 003	<b>Transaction ID : B-S-656</b> <b>[MEMO ITEM]</b> Subitemization of Kim Garza Turner(01/03/14)
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2268.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 225 North Michigan Avenue		Amount of Each Disbursement this Period 229.59
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : B-S-657
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)	[MEMO ITEM] Subitemization of Kim Garza Turner(01/03/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 225 North Michigan Avenue		Amount of Each Disbursement this Period 216.59
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : B-S-652
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)	[MEMO ITEM] Subitemization of Kim Garza Turner(01/03/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. North Texas Tollway Authority (NTTA)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5900 West Plano Parkway		Amount of Each Disbursement this Period 58.28
City Plano	State TX Zip Code 75093	
Purpose of Disbursement Transportation	Candidate Name	Transaction ID : B-S-661
Category/Type 002		
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] Subitemization of Kim Garza Turner(01/03/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 29.47 <b>Transaction ID : B-E-17394</b>
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	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>B. FedEx Office</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address 2267 South Stemmons Freeway		Amount of Each Disbursement this Period 37.64 <b>Transaction ID : B-E-17397</b>
City Lewisville	State TX	
Zip Code 75067	Purpose of Disbursement Express Shipping	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>c. Spalding Group</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address 2306 Frankfort Avenue		Amount of Each Disbursement this Period 1490.5 <b>Transaction ID : B-E-17381</b>
City Louisville	State KY	
Zip Code 40206	Purpose of Disbursement Printing	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1557.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Accurate Word, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address PO Box 1765		Amount of Each Disbursement this Period 1337 <b>Transaction ID : B-E-17415</b>
City White Plains	State MD	
Zip Code 20695	Purpose of Disbursement Printing	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>B. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 9555 <b>Transaction ID : B-E-17416</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Consulting	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>c. Denton County Republican Party</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address 1400 North Corinth Street Suite 106		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-17417</b>
City Corinth	State TX	
Zip Code 76208-5444	Purpose of Disbursement List Rental	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13392.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 707 8th Street SE		Amount of Each Disbursement this Period 339.5 <b>Transaction ID : B-E-17411</b>
City Washington State DC Zip Code 20003-2862	Purpose of Disbursement E-Merchant Fees 001 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>B. Rayburn Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 45 Independence Avenue SW		Amount of Each Disbursement this Period 47.15 <b>Transaction ID : B-E-17434</b>
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal Expense 001 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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 123 Perimeter Center W Suite 100		Amount of Each Disbursement this Period 265.88 <b>Transaction ID : B-E-17431</b>
City Atlanta State GA Zip Code 30346-4205	Purpose of Disbursement Cellular Phone Service 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	652.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zip Conferencing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 24.14
City Whitehouse Station	State NJ	
Purpose of Disbursement Telephone Service	Zip Code 08889	<b>Transaction ID : B-E-17432</b>
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>B. Denton Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 1069		Amount of Each Disbursement this Period 5338.64
City Denton	State TX	
Purpose of Disbursement Catering	Zip Code 76202-1069	<b>Transaction ID : B-E-17421</b>
Candidate Name	Category/ Type 003	
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>c. The Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 445
City Alexandria	State VA	
Purpose of Disbursement Program Expense	Zip Code 22314	<b>Transaction ID : B-E-17420</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5807.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Southwest</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 326.26 <b>Transaction ID : B-E-17422</b>
City Dallas	State TX	
Zip Code 75392-0041	Purpose of Disbursement Cellular Phone Service	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>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-17439</b>
City Washington	State DC	
Zip Code 20001-6000	Purpose of Disbursement Airfare	Category/ Type 002
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>C. Denton Republican Women's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1716 Cordell		Amount of Each Disbursement this Period 600 <b>Transaction ID : B-E-17423</b>
City Denton	State TX	
Zip Code 76201	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: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1001.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 51.75 <b>Transaction ID : B-E-17436</b>
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	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>B. Premier-Christmas, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 2126 Hamilton Road Suite 390		Amount of Each Disbursement this Period 720 <b>Transaction ID : B-E-17424</b>
City Argyle	State TX	
Zip Code 76226	Purpose of Disbursement Banners and Signs	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>c. Premier-Christmas, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 2126 Hamilton Road Suite 390		Amount of Each Disbursement this Period 472.81 <b>Transaction ID : B-E-17425</b>
City Argyle	State TX	
Zip Code 76226	Purpose of Disbursement Banners and Signs	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1244.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1500 Broadway Street		Amount of Each Disbursement this Period 30.38
City Lubbock	State TX Zip Code 79401	
Purpose of Disbursement Banking Service Fee	Category/Type 001	<b>Transaction ID : B-E-17545</b>
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>B. Payroll Network</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 604.5
City Rockville	State MD Zip Code 20850	
Purpose of Disbursement Payroll Taxes	Category/Type 001	<b>Transaction ID : B-E-17441</b>
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>c. Payroll Network</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 1922.92
City Rockville	State MD Zip Code 20850	
Purpose of Disbursement SEE MEMO ITEMS	Category/Type 001	<b>Transaction ID : B-E-17442</b>
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2557.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Payroll Network</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 35
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Payroll Fee	[MEMO ITEM] Subitemization of Payroll Network(01/14/14)
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>B. Kim J. Garza Turner</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 9336 Loma Vista Drive		Amount of Each Disbursement this Period 1887.92
City Dallas	State TX	
Zip Code 75243-7412	Purpose of Disbursement Payroll	[MEMO ITEM] Subitemization of Payroll Network(01/14/14)
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>c. Gogo Inflight Internet</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 1250 N Arlington Heights Road Suite 500		Amount of Each Disbursement this Period 39.95
City Itasca	State IL	
Zip Code 60143-1216	Purpose of Disbursement Airline Fee	
Candidate Name	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 60			
	<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)  
**Michael Burgess for Congress**

**A. Hobby Lobby**

Full Name (Last, First, Middle Initial)  
Mailing Address 1288 W Main Street

City Lewisville State TX Zip Code 75067-3420

Purpose of Disbursement Gifts & Mementos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 32.98

Transaction ID : B-E-17483

Category/Type: 006

**B. Sam's Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 8282 Park Lane

City Dallas State TX Zip Code 75231-6023

Purpose of Disbursement Food and Beverages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 1059.75

Transaction ID : B-E-17484

Category/Type: 003

**C. Federal Express**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Express Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2014

Amount of Each Disbursement this Period: 7

Transaction ID : B-E-17550

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1099.73

**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 39 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 132.26 <b>Transaction ID : B-E-17486</b>
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	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>B. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 707 8th Street SE		Amount of Each Disbursement this Period 7 <b>Transaction ID : B-E-17548</b>
City Washington	State DC	
Zip Code 20003-2862	Purpose of Disbursement E-Merchant Fees	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>c. Symantec Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 20330 Stevens Creek Boulevard		Amount of Each Disbursement this Period 54.11 <b>Transaction ID : B-E-17490</b>
City Cupertino	State CA	
Zip Code 95014-2268	Purpose of Disbursement Software Service	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	193.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address PO Box 650553		Amount of Each Disbursement this Period 171.53 <b>Transaction ID : B-E-17493</b>
City Dallas State TX Zip Code 75265	Purpose of Disbursement Cellular Phone Service 001 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>B. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 2267 South Stemmons Freeway		Amount of Each Disbursement this Period 314.12 <b>Transaction ID : B-E-17497</b>
City Lewisville State TX Zip Code 75067	Purpose of Disbursement Express Shipping 001 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>c. We the Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 305 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 88.8 <b>Transaction ID : B-E-17496</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering 003 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1601 Trapelo Road Suite 329		Amount of Each Disbursement this Period 40 <b>Transaction ID : B-E-17509</b>
City Waltham State MA Zip Code 02451-7357	Purpose of Disbursement Software Service 001 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>B. Cubesmart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 201 S Interstate 35 E		Amount of Each Disbursement this Period 116 <b>Transaction ID : B-E-17514</b>
City Denton State TX Zip Code 76205-7109	Purpose of Disbursement Rent 001 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>c. Loews Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 1177 Fifteenth Street NW		Amount of Each Disbursement this Period 13.42 <b>Transaction ID : B-E-17511</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Meal Expense 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	169.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-17519</b>
City Washington State DC Zip Code 20001-6000	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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>B. Bryant Surely</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 7104 Forestwind Court		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-17506</b>
City Arlington State TX Zip Code 76001	Purpose of Disbursement Wages 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>c. Denton County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1400 North Corinth Street Suite 106		Amount of Each Disbursement this Period 6000 <b>Transaction ID : B-E-17503</b>
City Corinth State TX Zip Code 76208-5444	Purpose of Disbursement Program Expense 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 23.82
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	<b>Transaction ID : B-E-17515</b>
Candidate Name	001 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>B. Graphics Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2800 Taylor Street		Amount of Each Disbursement this Period 10272.93
City Dallas	State TX	
Zip Code 75226	Purpose of Disbursement Direct Mail	<b>Transaction ID : B-E-17500</b>
Candidate Name	003 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>c. Premier-Christmas, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2126 Hamilton Road Suite 390		Amount of Each Disbursement this Period 650
City Argyle	State TX	
Zip Code 76226	Purpose of Disbursement Banners and Signs	<b>Transaction ID : B-E-17505</b>
Candidate Name	001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10946.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 50 Massachusetts Avenue NE		Amount of Each Disbursement this Period 256 <b>Transaction ID : B-E-17520</b>
City Washington State DC Zip Code 20212	Purpose of Disbursement Postage 001 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>B. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 2084.95 <b>Transaction ID : B-E-17507</b>
City Bethesda State MD Zip Code 20824-0844	Purpose of Disbursement SEE MEMO ITEMS 001 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Financial Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-S-668</b>
City Bethesda State MD Zip Code 20824-0844	Purpose of Disbursement Compliance Consulting 001 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)	<b>[MEMO ITEM]</b> Subitemization of Campaign Financial Services(01/29/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2340.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 44.73
City Memphis	State TN	Zip Code 38101-1140
Purpose of Disbursement Express Shipping	Category/ Type 001	
Candidate Name	Transaction ID : B-S-669	
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)	<b>[MEMO ITEM]</b> Subitemization of Campaign Financial Services(01/29/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 707 8th Street SE		Amount of Each Disbursement this Period 119
City Washington	State DC	Zip Code 20003-2862
Purpose of Disbursement E-Merchant Fees	Category/ Type 001	
Candidate Name	Transaction ID : B-E-17549	
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>c. Loews Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1177 Fifteenth Street NW		Amount of Each Disbursement this Period 315.78
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Lodging	Category/ Type 002	
Candidate Name	Transaction ID : B-E-17522	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	434.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 60		
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Payroll Network</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 2695.07 <b>Transaction ID : B-E-17524</b>
City Rockville	State MD	
Zip Code 20850	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>B. Payroll Network</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 5732.07 <b>Transaction ID : B-E-17525</b>
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement SEE MEMO ITEMS	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:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Kim J. Garza Turner</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 9336 Loma Vista Drive		Amount of Each Disbursement this Period 5593.12 <b>Transaction ID : B-S-671</b>
City Dallas	State TX	
Zip Code 75243-7412	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:	<b>[MEMO ITEM]</b> Subitemization of Payroll Network(01/29/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8427.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Payroll Network</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2092 Gaither Road		Amount of Each Disbursement this Period 138.95
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Payroll Taxes	Transaction ID : B-S-672
Candidate Name	001 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] Subitemization of Payroll Network(01/29/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1805 South Loop 288		Amount of Each Disbursement this Period 429.34
City Denton	State TX	
Zip Code 76205	Purpose of Disbursement Cellular Phone Service	Transaction ID : B-E-17523
Candidate Name	001 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>c. Buena Vista Palace</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1900 East Buena Vista Drive		Amount of Each Disbursement this Period 223.82
City Lake Buena Vista	State FL	
Zip Code 32830	Purpose of Disbursement Lodging	Transaction ID : B-E-17527
Candidate Name	002 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	653.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 98
City Memphis	State TN	Zip Code 38101-1140
Purpose of Disbursement Express Shipping	Category/ Type 001	
Candidate Name	Transaction ID : B-E-17526	
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>B. Cubesmart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 201 S Interstate 35 E		Amount of Each Disbursement this Period 172
City Denton	State TX	Zip Code 76205-7109
Purpose of Disbursement Storage	Category/ Type 001	
Candidate Name	Transaction ID : B-E-17540	
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>C. AAA Limousine, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 4901 Seminary Road Suite # 106		Amount of Each Disbursement this Period 256.22
City Alexandria	State VA	Zip Code 22311
Purpose of Disbursement Car Service	Category/ Type 002	
Candidate Name	Transaction ID : B-E-17575	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	526.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1 Aviation Circle			Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-17573</b>
City Washington	State DC	Zip Code 20001-6000	
Purpose of Disbursement Airfare	Candidate Name		Category/ Type 002
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>B. Cubesmart</b>			Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 201 S Interstate 35 E			Amount of Each Disbursement this Period 85 <b>Transaction ID : B-E-17574</b>
City Denton	State TX	Zip Code 76205-7109	
Purpose of Disbursement Storage	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>c. Federal Express</b>			Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address PO Box 1140			Amount of Each Disbursement this Period 34.72 <b>Transaction ID : B-E-17568</b>
City Memphis	State TN	Zip Code 38101-1140	
Purpose of Disbursement Express Shipping	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	194.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Graphics Group</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 2800 Taylor Street		Amount of Each Disbursement this Period 600.64 <b>Transaction ID : B-E-17539</b>
City Dallas State TX Zip Code 75226	Purpose of Disbursement Postage 003 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>B. United States Postal Service</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 1100 Main Street #200		Amount of Each Disbursement this Period 148.85 <b>Transaction ID : B-E-17576</b>
City Kansas City State MO Zip Code 64105-5118	Purpose of Disbursement Postage 001 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>c. Office Depot</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 63.49 <b>Transaction ID : B-E-17577</b>
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	812.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 238.13 <b>Transaction ID : B-E-17578</b>
City Denton	State TX	
Zip Code 76205-7532	Purpose of Disbursement General 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 56.58 <b>Transaction ID : B-E-17579</b>
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	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>c. Office Depot</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 72.51 <b>Transaction ID : B-E-17583</b>
City Denton	State TX	
Zip Code 76205-7532	Purpose of Disbursement General 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	367.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rayburn Cafe</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 45 Independence Avenue SW		Amount of Each Disbursement this Period 17.2 <b>Transaction ID : B-E-17582</b>
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal Expense Candidate Name Category/Type 001	
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>B. Verizon Southwest</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 336.21 <b>Transaction ID : B-E-17552</b>
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type 001	
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>c. Federal Express</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 72.99 <b>Transaction ID : B-E-17584</b>
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Shipping Candidate Name Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	426.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael C. Burgess</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1691.31
City Denton	State TX	
Zip Code 76202-2334	Purpose of Disbursement SEE MEMO ITEMS	<b>Transaction ID : B-E-17749</b>
Candidate Name	001 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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 820.24
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meal Expenses	<b>Transaction ID : B-S-693</b>
Candidate Name	001 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)	<b>[MEMO ITEM]</b> Subitemization of Michael Burgess(02/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 652.08
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meal Expenses	<b>Transaction ID : B-S-694</b>
Candidate Name	001 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)	<b>[MEMO ITEM]</b> Subitemization of Michael Burgess(02/07/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1691.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. We the Pizza</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 305 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 88.8
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meal Expense	<b>Transaction ID : B-S-690</b>
Candidate Name	001 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)	<b>[MEMO ITEM]</b> Subitemization of Michael Burgess(02/07/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 75
City Washington	State DC	
Zip Code 20001-6000	Purpose of Disbursement Airfare	<b>Transaction ID : B-E-17587</b>
Candidate Name	002 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>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1 Aviation Circle		Amount of Each Disbursement this Period 75
City Washington	State DC	
Zip Code 20001-6000	Purpose of Disbursement Airfare	<b>Transaction ID : B-E-17588</b>
Candidate Name	002 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 560.39
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement SEE MEMO ITEMS	<b>Transaction ID : B-E-17557</b>
Candidate Name	Category/ Type 003	
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)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 152.37
City Memphis	State TN	
Zip Code 38101-1140	Purpose of Disbursement Express Shipping	<b>Transaction ID : B-S-679</b>
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)	<b>[MEMO ITEM]</b> Subitemization of Bogart Associates, Inc.(02/10/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cosi</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1001 Pennsylvania Ave NW		Amount of Each Disbursement this Period 326.44
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Catering	<b>Transaction ID : B-S-682</b>
Candidate Name	Category/ Type 003	
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)	<b>[MEMO ITEM]</b> Subitemization of Bogart Associates, Inc.(02/10/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	560.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cosi</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1001 Pennsylvania Ave NW		Amount of Each Disbursement this Period 81.58
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : B-S-681
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:	[MEMO ITEM] Subitemization of Bogart Associates, Inc.(02/10/14)

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 123 Perimeter Center W Suite 100		Amount of Each Disbursement this Period 265.97
City Atlanta	State GA Zip Code 30346-4205	
Purpose of Disbursement Cellular Phone Service	Candidate Name	Transaction ID : B-E-17585
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>c. Bryant Surely</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 7104 Forestwind Court		Amount of Each Disbursement this Period 471.04
City Arlington	State TX Zip Code 76001	
Purpose of Disbursement SEE MEMO ITEMS	Candidate Name	Transaction ID : B-E-17560
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:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	737.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 60	
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bryant Surely</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 7104 Forestwind Court		Amount of Each Disbursement this Period 271.04
City Arlington	State TX	
Zip Code 76001	Purpose of Disbursement Reimbursed- Mileage	<b>Transaction ID : B-S-683</b>
Candidate Name	Category/Type 002	
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)	<b>[MEMO ITEM]</b> Subitemization of Bryant Surely(02/11/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bryant Surely</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 7104 Forestwind Court		Amount of Each Disbursement this Period 200
City Arlington	State TX	
Zip Code 76001	Purpose of Disbursement Wages	<b>Transaction ID : B-S-684</b>
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)	<b>[MEMO ITEM]</b> Subitemization of Bryant Surely(02/11/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Texas Medical Association</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 401 West 15th Street		Amount of Each Disbursement this Period 2582.5
City Austin	State TX	
Zip Code 78701	Purpose of Disbursement Mailing List	<b>Transaction ID : B-E-17561</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2582.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 60			
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1500 Broadway Street			Amount of Each Disbursement this Period 271.25 <b>Transaction ID : B-E-17614</b>
City Lubbock	State TX	Zip Code 79401	
Purpose of Disbursement Banking Service Fees		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>B. Zip Conferencing</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO Box 548			Amount of Each Disbursement this Period 24.14 <b>Transaction ID : B-E-17589</b>
City Whitehouse Station	State NJ	Zip Code 08889	
Purpose of Disbursement Telephone Service		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>c. Engage LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 707 8th Street SE			Amount of Each Disbursement this Period 3.5 <b>Transaction ID : B-E-17623</b>
City Washington	State DC	Zip Code 20003-2862	
Purpose of Disbursement E-Merchant Fees		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	298.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 60		
	<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)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sonoma Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 223 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1735.65 <b>Transaction ID : B-E-17590</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering 003 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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1735.65
<b>TOTAL</b> This Period (last page this line number only).....	70638.77

**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 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Michael Burgess for Congress**

Full Name (Last, First, Middle Initial) <b>A. Denton Benefit League Ball</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-17504</b>
City Denton	State TX	
Zip Code 76202	Purpose of Disbursement Charitable Donation	Category/ Type 012
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>B. Tarrant County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 6200 Lake Way		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-17502</b>
City North Richland Hills	State TX	
Zip Code 76180	Purpose of Disbursement Political Contribution	Category/ Type 011
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>C. UNT Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1155 Union Circle #311250		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-17501</b>
City Denton	State TX	
Zip Code 76203	Purpose of Disbursement Charitable Donation	Category/ Type 012
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	8500.00