



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee to Re-Elect Ron Paul

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	94530.75	264825.62
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	2100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94430.75	262725.62
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	130256.72	326195.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	581.75	618.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	129674.97	325576.90
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	150244.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	12551.59	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Committee to Re-Elect Ron Paul

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

40118.00

108918.00

(ii) Unitemized.....

54412.75

154107.62

(iii) TOTAL of contributions

94530.75

263025.62

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

1800.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

94530.75

264825.62

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

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

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

581.75

618.78

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

739.02

6231.61

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

95851.52

271676.01

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	130256.72	326195.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	2100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	2100.00
21. OTHER DISBURSEMENTS.....	300.00	9050.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	130656.72	337345.68

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	185049.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	95851.52
25. SUBTOTAL (add Line 23 and Line 24).....	280900.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	130656.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	150244.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
John M. Speicher

Mailing Address 133 Rossi Rd

City State Zip Code  
Geyserville CA 95448

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

Name of Employer L-3 COM Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2005

**Transaction ID:** 0205391

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 555 California St #4360

City State Zip Code  
San Francisco CA 94104-1529

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

Name of Employer Requested Occupation Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2005

**Transaction ID:** 0205412

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 1161 Woodhaven Blvd

City State Zip Code  
Akron OH 44333

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

Name of Employer Self Occupation Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2005

**Transaction ID:** 0205403

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

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

Mailing Address 5000 Lime Kiln Rd

City San Marcos State TX Zip Code 78666-8305

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

Name of Employer Self Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2005

**Transaction ID:** 0205458

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mary Mutzig

Mailing Address 2 Victory Green

City San Antonio State TX Zip Code 78257

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2020.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2005

**Transaction ID:** 0205470

Amount of Each Receipt this Period  
20.00

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

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

Mailing Address 101 W Beck Ln

City Phoenix State AZ Zip Code 85023

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

Name of Employer Premiere Properties Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2005

**Transaction ID:** 0205421

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Anna Ruth McAda

Mailing Address 1322 W Broad St

City State Zip Code  
Freeport TX 77541

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

Name of Employer Secretary Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 08 / 2005

Transaction ID: 0205485

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Alan Jones

Mailing Address 723 S Main St #A

City State Zip Code  
Clute TX 77531-5417

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

Name of Employer Self Occupation Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 858.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2005

Transaction ID: 0205496

Amount of Each Receipt this Period  
858.00

IN-KIND: Rifles

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

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

Mailing Address 2402 W Adams St

City State Zip Code  
Port O'Connor TX 77982

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

Name of Employer Self Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2005

Transaction ID: 0205474

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1108.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Patricia P. Baig

Mailing Address 2715 Lakeside Village Dr

City State Zip Code  
Missouri City TX 77459-4348

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

Name of Employer Requested Occupation Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

**Transaction ID:** 0205536

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joanne M. Hare

Mailing Address 203 Lakeway Dr

City State Zip Code  
Kerrville TX 78028-7230

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

Name of Employer Requested Occupation Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

**Transaction ID:** 0205561

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address PO Box 25348

City State Zip Code  
Houston TX 77265-5348

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

**Transaction ID:** 0205562

Amount of Each Receipt this Period  
550.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

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

Mailing Address PO Box 34184

City State Zip Code  
Houston TX 77234

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: 0205564

Amount of Each Receipt this Period  
125.00

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

**B.** Full Name (Last, First, Middle Initial)  
Guy McLendon

Mailing Address 8011 Duffield Ln

City State Zip Code  
Houston TX 77071

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

Name of Employer CITGO Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: 0205568

Amount of Each Receipt this Period  
350.00

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

**C.** Full Name (Last, First, Middle Initial)  
William J. Bandiga, Jr.

Mailing Address 2109 Shadow Bay Cir

City State Zip Code  
League City TX 77573-6621

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

Name of Employer None Occupation None

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 670.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 5

Transaction ID: 0205569

Amount of Each Receipt this Period  
650.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Diane B. Bandiga

Mailing Address 2109 Shadow Bay Cir

City State Zip Code  
League City TX 77573

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

Name of Employer Occupation  
EPCO, INC Mgr. Investor Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

**Transaction ID:** 0205570

Amount of Each Receipt this Period  
650.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joanne M. Hare

Mailing Address 203 Lakeway Dr

City State Zip Code  
Kerrville TX 78028-7230

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

Name of Employer Occupation Requested  
Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

**Transaction ID:** 0205583

Amount of Each Receipt this Period  
20.00

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

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

Mailing Address 8011 Duffield Ln

City State Zip Code  
Houston TX 77071

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

Name of Employer Occupation  
CITGO Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
370.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2005

**Transaction ID:** 0205623

Amount of Each Receipt this Period  
20.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	690.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
John M. Bills, Jr.

Mailing Address 4200 Loch Meade Pointe

City State Zip Code  
Lakeland TN 38002

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2005

Transaction ID: 0205662

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
William D. Mutzig, Jr.

Mailing Address 109 Craddock Ave #609

City State Zip Code  
San Marcos TX 78666

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

Name of Employer None Occupation Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2005

Transaction ID: 0205654

Amount of Each Receipt this Period  
650.00

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

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

Mailing Address 1322 W Broad St

City State Zip Code  
Freeport TX 77541

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

Name of Employer Secretary Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 09 / 2005

Transaction ID: 0205652

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Laura Hirschmann

Mailing Address 5 Bush St

City State Zip Code  
South Dartmouth MA 02748

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

Name of Employer Declined Occupation Declined

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2005

**Transaction ID:** 0205823

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 8361 Hollister St

City State Zip Code  
Ventura CA 93004

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2005

**Transaction ID:** 0205814

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles W. Martin

Mailing Address 9 Sullivan Chase Dr

City State Zip Code  
Avondale PA 19311-9347

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

Name of Employer Clemson University Occupation Ph.D. Chemistry

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2005

**Transaction ID:** 0205824

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick J. Reid

Mailing Address 6520 Crestpoint Dr

City State Zip Code  
Dallas TX 75254

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

Name of Employer  
Engineered Air Balance Co, Inc

Occupation  
Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2005

**Transaction ID:** 0205948

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul E. Reinhart

Mailing Address 6 Braemore Pl

City State Zip Code  
Dallas TX 75230

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2005

**Transaction ID:** 0206021

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3020 Kiele Ave

City State Zip Code  
Honolulu HI 96815

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2005

**Transaction ID:** 0206060

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Evelyn L. Gaines

Mailing Address 310 E Locust

City State Zip Code  
Watseka IL 60970-1754

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

Name of Employer None Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 0206265

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas L. Husbands

Mailing Address 5000 Lime Kiln Rd

City State Zip Code  
San Marcos TX 78666-8305

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

Name of Employer Self Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 0206314

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles R. Walker

Mailing Address 3480 Fannin

City State Zip Code  
Beaumont TX 77701

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 0206328

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Dr. Frank T. Kurzweg

Mailing Address 4502 Goldcrest Ln

City Jacksonville State FL Zip Code 32224

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

Name of Employer Retired Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 0206341

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeremy S. Davis

Mailing Address 7539 Brompton St

City Houston State TX Zip Code 77025-2267

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

Name of Employer Self Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 565.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 0206342

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. E. L. Fitzpatrick

Mailing Address 124 E Walnut St

City La Grange State TX Zip Code 78945

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

Name of Employer Retired Occupation Chiropractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0205689

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
George T. Boozalis

Mailing Address 810 Champions Row

City State Zip Code  
Victoria TX 77904

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

Name of Employer Occupation  
Victoria Eye Center Physician/Ophthalmologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205700

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 33 Stone Fence Rd

City State Zip Code  
Bernardsville NJ 07924

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205723

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. McKendrick

Mailing Address 11011 Glenoaks Blvd #1

City State Zip Code  
Pacoima CA 91331

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

Name of Employer Occupation  
RMR Products Inc Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205731

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Ann Witt

Mailing Address 7703 Meadowbriar

City State Zip Code  
Houston TX 77063

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0205765

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John S. Gay

Mailing Address 1241 W Calle De La Plaza

City State Zip Code  
Sahuarita AZ 85629

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0205787

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 317 Sudduth Cir

City State Zip Code  
Ft Walton Beach FL 32548-5181

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0205793

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Richard B. Wright

Mailing Address 1097 Rambling Way

City Akron State OH Zip Code 44333

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

Name of Employer Wright Tool Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205808

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. Theo S. Stashak

Mailing Address 927 Los Alamos Rd

City Santa Rosa State CA Zip Code 95409

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

Name of Employer Retired Occupation OB-GYN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205832

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leon A. Leonard

Mailing Address 1712 Hodges Cir

City Mansfield State GA Zip Code 30055-2605

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205848

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **775.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Ruth Zimmerman

Mailing Address 842 Muirlands Vista Way

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205878

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hazel Z. Hart

Mailing Address 842 Muirlands Vista Way

City State Zip Code  
La Jolla CA 92037-6203

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205879

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 5510 Mount Aconia Dr

City State Zip Code  
San Diego CA 92111-4625

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

Name of Employer Retired Occupation U.S.A.F

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0205882

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A.</b> John M. Constantine		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address PO Box 724		Transaction ID: 0205918
City State Zip Code Mahwah NJ 07430-0724	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Celco Engineer	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> John C. Dillingham		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address 14400 Doachway Dr		Transaction ID: 0205942
City State Zip Code Centreville VA 20120	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Trammell Crow Co R.E. Development	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Frank B. Bradshaw, III		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005
Mailing Address PO Box 922152		Transaction ID: 0205994
City State Zip Code Norcross GA 30010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bradco, Inc Real Estate	Election Cycle-to-Date 700.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Earl F. Gary

Mailing Address PO Box 518

City Boling State TX Zip Code 77420

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

Name of Employer Self Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206097

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeanette M. Verster

Mailing Address 7220 SW 61st St

City Miami State FL Zip Code 33143

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206105

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2608 N Laurent

City Victoria State TX Zip Code 77901-4135

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

Name of Employer Self Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206117

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Thad A. Goodwyn

Mailing Address PO Box 275

City State Zip Code  
Spotsylvania VA 22553

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206139

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Russel Thorup, Jr.

Mailing Address 221 King St

City State Zip Code  
Redwood City CA 94062

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206156

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address PO Box 225

City State Zip Code  
Gambrills MD 21054-0225

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

Name of Employer Self Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2005

Transaction ID: 0206186

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 23 / 105</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<p><b>A.</b> Full Name (Last, First, Middle Initial) David W. Flesh</p> <p>Mailing Address 1313 SW 32nd St</p> <p>City State Zip Code Fort Lauderdale FL 33315</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005</p> <p><b>Transaction ID:</b> 0206191</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Arlyss Winfield Cleveland</p> <p>Mailing Address PO Box 671</p> <p>City State Zip Code Yarnell AZ 85362</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005</p> <p><b>Transaction ID:</b> 0206223</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Phyllis M. Chait</p> <p>Mailing Address 3601 Greenway #701</p> <p>City State Zip Code Baltimore MD 21218-2458</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer None Occupation Homemaker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005</p> <p><b>Transaction ID:</b> 0206224</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>3250.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. David Macko</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 28810 Cannon Rd		<b>Transaction ID: 0206263</b>	
City Cleveland	State OH	Zip Code 44139	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Farwell W. Perry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 310 Hateful Hill Rd		<b>Transaction ID: 0206354</b>	
City E Wallingford	State VT	Zip Code 05742	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas C. Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2005	
Mailing Address 353 Lombardi St		<b>Transaction ID: 0206381</b>	
City Porterville	State CA	Zip Code 93257	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

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

Mailing Address 7315 E Greenwich

City State Zip Code  
Bloomfield Hills MI 48301

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

Name of Employer Occupation  
Dean Sellers Ford Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0206388

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don W. Creagh

Mailing Address 1099 38th Ave #24

City State Zip Code  
Santa Cruz CA 95062-4439

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

**Transaction ID:** 0206395

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1950 Palm City Rd #7-108

City State Zip Code  
Stuart FL 34994

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005

**Transaction ID:** 0206289

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

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

Mailing Address 1321 Hennessy Terr

City State Zip Code  
Sandy Spring MD 20860

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

Name of Employer Self Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206405

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Imants Lukis

Mailing Address 17400 Central Ave

City State Zip Code  
Tinley Park IL 60477

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206412

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 142-5 S Arizona

City State Zip Code  
Prescott AZ 86303

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206480

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Earl Cowherd

Mailing Address 1182 W K St

City Benicia State CA Zip Code 94510

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

Name of Employer Trazar Corp Occupation Chairman/Pres.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206504

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Hanmer

Mailing Address 124 Sugar Cane Cir

City Lake Jackson State TX Zip Code 77566-4540

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206542

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address PO Box 787

City Lake Zurich State IL Zip Code 60047-0787

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206583

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Edward Schoppe, Jr.  
Mailing Address 12 Miller Terr  
City Norton State MA Zip Code 02766-2309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005  
Transaction ID: 0206598  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Stuart B. Scudder  
Mailing Address 1916 259th Pl  
City Lomita State CA Zip Code 90717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LA Trade Tech Occupation Professor  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005  
Transaction ID: 0206699  
Amount of Each Receipt this Period  
250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ray Yarbrough  
Mailing Address PO Box 263  
City Green Forest State AR Zip Code 72638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005  
Transaction ID: 0206731  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
W. W. Caruth, III

Mailing Address 5803 Greenville Ave

City State Zip Code  
Dallas TX 75206

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

Name of Employer Self Occupation Capitalist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206769

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5440 St Helena Hwy

City State Zip Code  
Napa CA 94558

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

Name of Employer Retired Occupation Marine Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206863

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
John M. Bills, Jr.

Mailing Address 4200 Loch Meade Pointe

City State Zip Code  
Lakeland TN 38002

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005

Transaction ID: 0206884

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A.</b> Otto E. Spokas		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2005	
Mailing Address 17149 Simpson Cir		Transaction ID: 0206890	
City Paeonian Springs	State VA	Zip Code 20129-1735	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John A. Rathmell		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2005	
Mailing Address 720 N Post Oak Rd #350		Transaction ID: 0206895	
City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Investor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Garry A. Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 312 Oakridge Ct		Transaction ID: 0206973	
City Columbia	State MO	Zip Code 65203-3656	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested	Occupation Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
David H. Keyston

Mailing Address PO Box 7066

City State Zip Code  
Carmel CA 93921

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0206981

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas B. Hudson

Mailing Address 1308 Brians Meadow Cv

City State Zip Code  
Austin TX 78746

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0206990

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 3218 FM 3084

City State Zip Code  
Port Lavaca TX 77979-5166

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

Name of Employer Self Occupation Piano Teacher/Rancher

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0206992

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Charles Lathrop

Mailing Address PO Box 221

City State Zip Code  
Fitchville CT 06334

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

Name of Employer Self Occupation  
Farmer

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0206998

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donald E. Van Curler

Mailing Address 2008 Hogback Rd

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Self Occupation  
Architect

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0207000

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Frank S. Rice, II

Mailing Address 115 Independence Dr

City State Zip Code  
Union MO 63084-1287

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

Name of Employer Union Rental Center (Self) Occupation  
Rental Center

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2005

Transaction ID: 0207041

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 105	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
Sol West, III

Mailing Address 8412 N Lee Trevino Dr

City Tucson State AZ Zip Code 85742-9789

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

Name of Employer Self Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2005

Transaction ID: 0207097

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40118.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 105	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

**A.** Full Name (Last, First, Middle Initial)  
U.S. Postmaster

Mailing Address 530 E Main St

City State Zip Code  
Clute TX 77531

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
581.75

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	5

Transaction ID: 0207640

Amount of Each Receipt this Period  
581.75

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	581.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	581.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) A. First National Bank of Lake Jackson Mailing Address 122 W Way		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005
City State Zip Code Lake Jackson TX 77566		Transaction ID: 0207472
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.75
Name of Employer Occupation		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2143.34	

Full Name (Last, First, Middle Initial) B. First National Bank of Lake Jackson Mailing Address 122 W Way		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2005
City State Zip Code Lake Jackson TX 77566		Transaction ID: 0207473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.69
Name of Employer Occupation		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2179.03	

Full Name (Last, First, Middle Initial) C. First National Bank of Lake Jackson Mailing Address 122 W Way		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005
City State Zip Code Lake Jackson TX 77566		Transaction ID: 0207501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 248.77
Name of Employer Occupation		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2427.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	485.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) A. First National Bank of Lake Jackson Mailing Address 122 W Way City Lake Jackson State TX Zip Code 77566 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005 Transaction ID: 0207502 Amount of Each Receipt this Period 31.15
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2458.95		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. First National Bank of Lake Jackson Mailing Address 122 W Way City Lake Jackson State TX Zip Code 77566 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 0207627 Amount of Each Receipt this Period 9.80
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2468.75		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. First National Bank of Lake Jackson Mailing Address 122 W Way City Lake Jackson State TX Zip Code 77566 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 0207628 Amount of Each Receipt this Period 212.86
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2681.61		Dividend and Interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>253.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>739.02</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Deana Watts</b>		Transaction ID: 0207464 Date of Disbursement 07 / 01 / 2005
Mailing Address 107 Juniper St		Amount of Each Disbursement this Period 1285.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Jackson	State TX	
Zip Code 77566		
Purpose of Disbursement Salaries Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: 0207468 Date of Disbursement 07 / 05 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Zip Code 85072-3852		
Purpose of Disbursement Credit Card Settlement Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		Transaction ID: 0207463 Date of Disbursement 07 / 05 / 2005
Mailing Address 530 E Main St		Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clute	State TX	
Zip Code 77531		
Purpose of Disbursement General Postage Expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1660.25
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: 0207462</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 531.19
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: 0207469</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 5
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1.50
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Settlement Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207461</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 5
Mailing Address PO Box 139		Amount of Each Disbursement this Period 85.78
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	618.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207460</b> Date of Disbursement 07 / 08 / 2005 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Transfirst</b> Full Name (Last, First, Middle Initial) Mailing Address 1100 S McCaslin Blvd #100 City Superior State CO Zip Code 80027 Purpose of Disbursement Credit Card Settlement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207466</b> Date of Disbursement 07 / 11 / 2005 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Transfirst</b> Full Name (Last, First, Middle Initial) Mailing Address 1100 S McCaslin Blvd #100 City Superior State CO Zip Code 80027 Purpose of Disbursement Credit Card Settlement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207467</b> Date of Disbursement 07 / 11 / 2005 Amount of Each Disbursement this Period 28.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.65
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. First National Bank of Lake Jackson</b>		<b>Transaction ID: 0207459</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 5
Mailing Address 122 W Way		Amount of Each Disbursement this Period 2450.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Payroll Tax Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Extra Space Storage of Clute</b>		<b>Transaction ID: 0207457</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 5
Mailing Address 807 Brazos Park Dr		Amount of Each Disbursement this Period 953.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clute State TX Zip Code 77531	Purpose of Disbursement Rent Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ron Paul</b>		<b>Transaction ID: 0207458</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 5
Mailing Address 2422 Bluewater Hwy		Amount of Each Disbursement this Period 198.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Surfside State TX Zip Code 77541	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3602.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Lori Pyeatt</b> Full Name (Last, First, Middle Initial) Mailing Address 504 Brazoria Rd City Lake Jackson State TX Zip Code 77566 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207456</b> Date of Disbursement 07 / 12 / 2005 Amount of Each Disbursement this Period 1987.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207455</b> Date of Disbursement 07 / 12 / 2005 Amount of Each Disbursement this Period 151.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. David Morris</b> Full Name (Last, First, Middle Initial) Mailing Address Rt 1 Box 1711 City Brazoria State TX Zip Code 77422 Purpose of Disbursement Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207452</b> Date of Disbursement 07 / 15 / 2005 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2439.16</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Susan Ashbrook</b>		<b>Transaction ID: 0207450</b> Date of Disbursement 07 / 15 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 68.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cedar Lane	State TX Zip Code 77415	
Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Laine Langford</b>		<b>Transaction ID: 0207453</b> Date of Disbursement 07 / 15 / 2005
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 516.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Angleton	State TX Zip Code 77516	
Purpose of Disbursement Salaries Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207451</b> Date of Disbursement 07 / 15 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 83.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cedar Lane	State TX Zip Code 77415	
Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	668.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Laine Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207454</b> Date of Disbursement 07 / 15 / 2005 Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. International Mailing</b> Full Name (Last, First, Middle Initial) Mailing Address 815 Live Oak St City Houston State TX Zip Code 77003 Purpose of Disbursement Bulk Mail Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207448</b> Date of Disbursement 07 / 19 / 2005 Amount of Each Disbursement this Period 2922.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. A Better Answer</b> Full Name (Last, First, Middle Initial) Mailing Address 450 Sam Houston Pkwy E #168 City Houston State TX Zip Code 77060 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207449</b> Date of Disbursement 07 / 19 / 2005 Amount of Each Disbursement this Period 494.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3442.28</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Auction Items/Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207431</b> Date of Disbursement 07 / 21 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Capitol Hill Club</b> Full Name (Last, First, Middle Initial) Mailing Address 300 First St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Food Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207445</b> Date of Disbursement 07 / 21 / 2005 Amount of Each Disbursement this Period 428.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. United Parcel Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 630016 City Dallas State TX Zip Code 75263 Purpose of Disbursement Freight Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207441</b> Date of Disbursement 07 / 21 / 2005 Amount of Each Disbursement this Period 97.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>775.83</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: 0207428</b> Date of Disbursement 07 / 21 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 78.11
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Susan Ashbrook</b>		<b>Transaction ID: 0207430</b> Date of Disbursement 07 / 21 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 43.29
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: 0207432</b> Date of Disbursement 07 / 21 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 85.05
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	206.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 0207439 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 172.32
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> 0207440 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 1315.28
City Phoenix State AZ Zip Code 78522	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. SBC Southwestern Bell</b>		<b>Transaction ID:</b> 0207442 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address PO Box 1550		Amount of Each Disbursement this Period 122.93
City Houston State TX Zip Code 77097-0047	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1610.53</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Nextel Communications</b>		<b>Transaction ID: 0207447</b> Date of Disbursement 07 / 21 / 2005
Mailing Address PO Box 54977		Amount of Each Disbursement this Period 67.96
City Los Angeles      State CA      Zip Code 90056	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: 0207427</b> Date of Disbursement 07 / 25 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 208.58
City Silver Spring      State MD      Zip Code 20914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: 0207425</b> Date of Disbursement 07 / 27 / 2005
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 39.58
City Phoenix      State AZ      Zip Code 78522	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>316.12</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Susan Ashbrook</b>		Transaction ID: 0207423 Date of Disbursement 07 / 28 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 64.94	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Telephone Expense Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Ashbrook</b>		Transaction ID: 0207422 Date of Disbursement 07 / 28 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 55.15	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Morris</b>		Transaction ID: 0207421 Date of Disbursement 07 / 29 / 2005	
Mailing Address Rt 1 Box 1711		Amount of Each Disbursement this Period 300.00	
City Brazoria State TX Zip Code 77422	Purpose of Disbursement Maintenance Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	420.09
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Texas Workforce Commission</b>		<b>Transaction ID:</b> 0207414 Date of Disbursement 07 / 29 / 2005
Mailing Address PO Box 149037		Amount of Each Disbursement this Period 73.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78714	Purpose of Disbursement Payroll Tax Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Penny Langford</b>		<b>Transaction ID:</b> 0207416 Date of Disbursement 07 / 29 / 2005
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 1187.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Angleton State TX Zip Code 77516	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Laine Langford</b>		<b>Transaction ID:</b> 0207418 Date of Disbursement 07 / 29 / 2005
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 409.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Angleton State TX Zip Code 77516	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1670.12
<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 / 105

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Laine Langford</b>		Transaction ID: 0207419 Date of Disbursement 07 / 29 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 33.67	
City Angleton State TX Zip Code 77516	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: 0207419  
Date of Disbursement

07 / 29 / 2005

Amount of Each Disbursement this Period

33.67

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

Full Name (Last, First, Middle Initial) <b>B. Nora L. LeBlanc</b>		Transaction ID: 0207573 Date of Disbursement 08 / 02 / 2005	
Mailing Address 904 Heritage Oaks Dr		Amount of Each Disbursement this Period 205.36	
City Angleton State TX Zip Code 77515	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: 0207573  
Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

205.36

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

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: 0207497 Date of Disbursement 08 / 03 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 5.00	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Settlement Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Transaction ID: 0207497  
Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

5.00

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

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

244.03

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: 0207574 Date of Disbursement 08 / 03 / 2005
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 1104.73
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>B. U.S. Air</b>		Transaction ID: 0207574-001 Date of Disbursement 08 / 03 / 2005
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 209.20
City Arlington State VA Zip Code 22227	Purpose of Disbursement Travel Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. The Kroger Company</b>		Transaction ID: 0207574-002 Date of Disbursement 08 / 03 / 2005
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 26.38
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1104.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Continental Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 9999 Richmond Ave City Houston State TX Zip Code 77042 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0207574-004 Date of Disbursement 08 / 03 / 2005 Amount of Each Disbursement this Period 233.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002

<b>B. Amazon.com Superstore</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 80683 City Seattle State WA Zip Code 98108 Purpose of Disbursement Books/Magazines Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0207574-005 Date of Disbursement 08 / 03 / 2005 Amount of Each Disbursement this Period 40.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

<b>C. The Kroger Company</b> Full Name (Last, First, Middle Initial) Mailing Address 101 Dixie Dr City Clute State TX Zip Code 77531 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0207574-006 Date of Disbursement 08 / 03 / 2005 Amount of Each Disbursement this Period 31.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Amazon.com Superstore</b>		Transaction ID: 0207574-008 Date of Disbursement 08 / 03 / 2005	
Mailing Address PO Box 80683		Amount of Each Disbursement this Period 23.76	
City Seattle State WA Zip Code 98108	Purpose of Disbursement Books/Magazines Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 0207574-013 Date of Disbursement 08 / 03 / 2005	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 10.00	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Travel Expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. The Kroger Company</b>		Transaction ID: 0207574-014 Date of Disbursement 08 / 03 / 2005	
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 28.76	
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Lupe's Mexican Restaurant</b> Full Name (Last, First, Middle Initial) Mailing Address 801 HWY 332 City Clute State TX Zip Code 77531 Purpose of Disbursement Food Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207574-015</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 34.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>B. Deana Watts</b> Full Name (Last, First, Middle Initial) Mailing Address 107 Juniper St City Lake Jackson State TX Zip Code 77566 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207572</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 1285.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4009 City Silver Spring State MD Zip Code 20914 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207570</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5 Amount of Each Disbursement this Period 329.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1614.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207566</b> Date of Disbursement 08 / 05 / 2005 Amount of Each Disbursement this Period 50.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207567</b> Date of Disbursement 08 / 05 / 2005 Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Plantation House</b> Full Name (Last, First, Middle Initial) Mailing Address 402 Plantation Dr City Lake Jackson State TX Zip Code 77566 Purpose of Disbursement Framing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207556</b> Date of Disbursement 08 / 08 / 2005 Amount of Each Disbursement this Period 753.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	929.83
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID: 0207561</b> Date of Disbursement 08 / 08 / 2005	
Mailing Address PO Box 630016		Amount of Each Disbursement this Period 120.37	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Freight Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Park Place</b>		<b>Transaction ID: 0207553</b> Date of Disbursement 08 / 08 / 2005	
Mailing Address 120 Dixie Dr		Amount of Each Disbursement this Period 540.00	
City Clute State TX Zip Code 77531	Purpose of Disbursement Shirts Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: 0207551</b> Date of Disbursement 08 / 08 / 2005	
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 1112.27	
City Phoenix State AZ Zip Code 78522	Purpose of Disbursement Telephone Expense Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1772.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. A Better Answer</b>		<b>Transaction ID:</b> 0207555 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address 450 Sam Houston Pkwy E #168		Amount of Each Disbursement this Period 234.12
City Houston State TX Zip Code 77060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nextel Communications</b>		<b>Transaction ID:</b> 0207557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address PO Box 54977		Amount of Each Disbursement this Period 76.47
City Los Angeles State CA Zip Code 90056	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MPrinting Graphics &amp; Advertising</b>		<b>Transaction ID:</b> 0207554 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address 3902 E Wisteria Circle		Amount of Each Disbursement this Period 9054.92
City Sugar Land State TX Zip Code 77479	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bulk Printing Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9365.51</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: 0207575 Date of Disbursement MM / DD / YYYY 08 / 09 / 2005
Mailing Address PO Box 53132		Amount of Each Disbursement this Period 210.89
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Credit Card Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 0207565 Date of Disbursement MM / DD / YYYY 08 / 09 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 169.69
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Lori Pyeatt</b>		Transaction ID: 0207564 Date of Disbursement MM / DD / YYYY 08 / 09 / 2005
Mailing Address 504 Brazoria Rd		Amount of Each Disbursement this Period 1987.28
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Salaries Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2367.86
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Bay City Rotary Club</b>		<b>Transaction ID:</b> 0207563 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address PO Box 933		Amount of Each Disbursement this Period 300.00
City Bay City State TX Zip Code 77404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sponsorship Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Kroger Company</b>		<b>Transaction ID:</b> 0207562 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 222.02
City Clute State TX Zip Code 77531	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Supplies Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alan Jones</b>		<b>Transaction ID:</b> 0205496-IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5
Mailing Address 723 S Main St #A		Amount of Each Disbursement this Period 858.00
City Clute State TX Zip Code 77531-5417	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Rifles Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1380.02
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Transfirst</b> Full Name (Last, First, Middle Initial) Mailing Address 1100 S McCaslin Blvd #100 City Superior State CO Zip Code 80027 Purpose of Disbursement Credit Card Settlement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207498</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Transfirst</b> Full Name (Last, First, Middle Initial) Mailing Address 1100 S McCaslin Blvd #100 City Superior State CO Zip Code 80027 Purpose of Disbursement Credit Card Settlement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207499</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5 Amount of Each Disbursement this Period 22.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Bay City Rotary Club</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 933 City Bay City State TX Zip Code 77404 Purpose of Disbursement Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207549</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	92.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<p><b>A. David Morris</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Rt 1 Box 1711</p> <p>City Brazoria State TX Zip Code 77422</p> <p>Purpose of Disbursement Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0207545</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>B. Laine Langford</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 2613</p> <p>City Angleton State TX Zip Code 77516</p> <p>Purpose of Disbursement Salaries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0207548</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="641.48"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>C. Dianna Kile</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1510 CR 878</p> <p>City Sweeny State TX Zip Code 77480</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 0207546</b></p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="999.72"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Laine Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207547</b> Date of Disbursement 08 / 15 / 2005 Amount of Each Disbursement this Period 33.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207576</b> Date of Disbursement 08 / 17 / 2005 Amount of Each Disbursement this Period 3704.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Continental Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 9999 Richmond Ave City Houston State TX Zip Code 77042 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207576-002</b> Date of Disbursement 08 / 17 / 2005 Amount of Each Disbursement this Period 314.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3738.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. U.S. Air</b>		Transaction ID: 0207576-003 Date of Disbursement 08 / 17 / 2005	
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 357.70	
City Arlington State VA Zip Code 22227	Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Transaction ID: 0207576-010 Date of Disbursement 08 / 17 / 2005	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 1025.31	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Transaction ID: 0207576-012 Date of Disbursement 08 / 17 / 2005	
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 361.90	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. River Point Restaurant</b>		<b>Transaction ID:</b> 0207576-013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 111 Abner Jackson		Amount of Each Disbursement this Period 52.17
City Lake Jackson State TX Zip Code 77566	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Kroger Company</b>		<b>Transaction ID:</b> 0207576-014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 28.45
City Clute State TX Zip Code 77531	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Amazon.com Superstore</b>		<b>Transaction ID:</b> 0207576-015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address PO Box 80683		Amount of Each Disbursement this Period 20.96
City Seattle State WA Zip Code 98108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Books/Magazines Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Hertz Car Rental</b>		Transaction ID: 0207576-020 Date of Disbursement 08 / 17 / 2005	
Mailing Address 233 Airport Rd		Amount of Each Disbursement this Period 248.64	
City Aspen State CO Zip Code 81601	Purpose of Disbursement Travel Expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. The Kroger Company</b>		Transaction ID: 0207576-021 Date of Disbursement 08 / 17 / 2005	
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 32.61	
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. Quality Inn &amp; Suites</b>		Transaction ID: 0207576-022 Date of Disbursement 08 / 17 / 2005	
Mailing Address 2650 Gilstrap Ct		Amount of Each Disbursement this Period 554.16	
City Glenwood Springs State CO Zip Code 81601	Purpose of Disbursement Travel Expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. The Kroger Company</b>		Transaction ID: 0207576-023 Date of Disbursement 08 / 17 / 2005	
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 26.60	
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. Red Lobster</b>		Transaction ID: 0207576-024 Date of Disbursement 08 / 17 / 2005	
Mailing Address 104 Hwy 332		Amount of Each Disbursement this Period 77.40	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Food Expense Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. Republican Party of Galveston Cty</b>		Transaction ID: 0207543 Date of Disbursement 08 / 17 / 2005	
Mailing Address PO Box 135		Amount of Each Disbursement this Period 3225.00	
City League City State TX Zip Code 77574	Purpose of Disbursement Advertising Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Ron Paul</b>		<b>Transaction ID: 0207544</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 2422 Bluewater Hwy		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Surfside State TX Zip Code 77541	Purpose of Disbursement Travel Expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: 0207541</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 166.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elida Cordoba</b>		<b>Transaction ID: 0207540</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 5
Mailing Address 121 Basswood		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	411.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Wells Nursery</b>		<b>Transaction ID: 0207538</b> Date of Disbursement 08 / 22 / 2005
Mailing Address 18932 Hwy 35		Amount of Each Disbursement this Period 266.88
City Sweeny State TX Zip Code 77480	Purpose of Disbursement Flowers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Lori Pyeatt</b>		<b>Transaction ID: 0207510</b> Date of Disbursement 08 / 22 / 2005
Mailing Address 504 Brazoria Rd		Amount of Each Disbursement this Period 2147.28
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207537</b> Date of Disbursement 08 / 22 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 58.98
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2473.14</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Carol Paul</b> Full Name (Last, First, Middle Initial) Mailing Address 2422 Bluewater Hwy City Surfside State TX Zip Code 77541 Purpose of Disbursement Reimburse Gift Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207508</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 132.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Carol Paul</b> Full Name (Last, First, Middle Initial) Mailing Address 2422 Bluewater Hwy City Surfside State TX Zip Code 77541 Purpose of Disbursement Membership Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207509</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4009 City Silver Spring State MD Zip Code 20914 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207506</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 23.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	220.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 0207507 Date of Disbursement 08 / 23 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 77.11
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. The Kroger Company</b>		<b>Transaction ID:</b> 0207536 Date of Disbursement 08 / 24 / 2005
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 73.23
City Clute State TX Zip Code 77531	Purpose of Disbursement Food Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Harland Checks</b>		<b>Transaction ID:</b> 0207500 Date of Disbursement 08 / 24 / 2005
Mailing Address 300 Meridian W		Amount of Each Disbursement this Period 52.97
City Milton State WA Zip Code 98354	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	203.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Moore Information</b> Full Name (Last, First, Middle Initial) Mailing Address 178 SW Harrison St City Portland State OR Zip Code 97201 Purpose of Disbursement Polling/Survey Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207503</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5 Amount of Each Disbursement this Period 15500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. MPrinting Graphics &amp; Advertising</b> Full Name (Last, First, Middle Initial) Mailing Address 3902 E Wisteria Circle City Sugar Land State TX Zip Code 77479 Purpose of Disbursement Bulk Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207504</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5 Amount of Each Disbursement this Period 3215.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Cash</b> Full Name (Last, First, Middle Initial) Mailing Address 837 W Plantation Dr City Clute State TX Zip Code 77531 Purpose of Disbursement Food Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207535</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18965.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. El Toro's</b> Full Name (Last, First, Middle Initial) Mailing Address 120 Commerce St City Clute State TX Zip Code 77531 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207531</b> Date of Disbursement 08 / 26 / 2005 Amount of Each Disbursement this Period 760.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Susan Ashbrook</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 139 City Cedar Lane State TX Zip Code 77415 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207521</b> Date of Disbursement 08 / 26 / 2005 Amount of Each Disbursement this Period 160.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Penny Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207519</b> Date of Disbursement 08 / 26 / 2005 Amount of Each Disbursement this Period 534.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1454.52

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Susan Ashbrook</b>		Transaction ID: 0207520 Date of Disbursement 08 / 26 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 279.00	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. Joe's Barbecue Co.</b>		Transaction ID: 0207528 Date of Disbursement 08 / 27 / 2005	
Mailing Address PO Box 2489		Amount of Each Disbursement this Period 3588.09	
City Alvin State TX Zip Code 77512	Purpose of Disbursement Catering Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. Elida Cordoba</b>		Transaction ID: 0207529 Date of Disbursement 08 / 27 / 2005	
Mailing Address 121 Basswood		Amount of Each Disbursement this Period 200.00	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Catering Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4067.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A.</b> Full Name (Last, First, Middle Initial) Elida Cordoba		<b>Transaction ID:</b> 0207532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 5	
Mailing Address 121 Basswood		Amount of Each Disbursement this Period 90.00	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Catering Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Dog Town Blues		<b>Transaction ID:</b> 0207526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 5	
Mailing Address PO Box 622		Amount of Each Disbursement this Period 400.00	
City Brazoria State TX Zip Code 77422	Purpose of Disbursement Event Band Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Alvin Columbus KC Hall		<b>Transaction ID:</b> 0207534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 5	
Mailing Address PO Box 1757		Amount of Each Disbursement this Period 500.00	
City Alvin State TX Zip Code 77512	Purpose of Disbursement Rent Expense Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	990.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Luke Langford</b> Full Name (Last, First, Middle Initial) Mailing Address Rt 2 Box 1709 CR 36 City Angleton State TX Zip Code 77515 Purpose of Disbursement Event Setup Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207518</b> Date of Disbursement 08 / 29 / 2005 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Laine Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207522</b> Date of Disbursement 08 / 29 / 2005 Amount of Each Disbursement this Period 833.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Deana Watts</b> Full Name (Last, First, Middle Initial) Mailing Address 107 Juniper St City Lake Jackson State TX Zip Code 77566 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207523</b> Date of Disbursement 08 / 29 / 2005 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3033.50</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Penny Langford</b> Full Name (Last, First, Middle Initial) Penny Langford Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207524</b> Date of Disbursement 08 / 29 / 2005 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Penny Langford</b> Full Name (Last, First, Middle Initial) Penny Langford Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207525</b> Date of Disbursement 08 / 29 / 2005 Amount of Each Disbursement this Period 1187.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. SBC Southwestern Bell</b> Full Name (Last, First, Middle Initial) SBC Southwestern Bell Mailing Address PO Box 1550 City Houston State TX Zip Code 77097-0047 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207512</b> Date of Disbursement 08 / 30 / 2005 Amount of Each Disbursement this Period 48.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3236.12</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. A Better Answer</b> Full Name (Last, First, Middle Initial) Mailing Address 450 Sam Houston Pkwy E #168 City Houston State TX Zip Code 77060 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207516</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 264.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Nextel Communications</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 54977 City Los Angeles State CA Zip Code 90056 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207517</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 74.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Laine Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207513</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5 Amount of Each Disbursement this Period 650.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	989.56
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Laine Langford</b>		<b>Transaction ID: 0207514</b> Date of Disbursement 08 / 31 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 51.80	
City Angleton	State TX	Zip Code 77516	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Nora L. LeBlanc</b>		<b>Transaction ID: 0207515</b> Date of Disbursement 08 / 31 / 2005	
Mailing Address 904 Heritage Oaks Dr		Amount of Each Disbursement this Period 208.61	
City Angleton	State TX	Zip Code 77515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Plantation House</b>		<b>Transaction ID: 0207620</b> Date of Disbursement 09 / 01 / 2005	
Mailing Address 402 Plantation Dr		Amount of Each Disbursement this Period 62.14	
City Lake Jackson	State TX	Zip Code 77566	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Framing		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	322.55
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service</b>		<b>Transaction ID: 0207619</b> Date of Disbursement 09 / 01 / 2005
Mailing Address PO Box 630016		Amount of Each Disbursement this Period 117.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75263		
Purpose of Disbursement Freight Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Morris</b>		<b>Transaction ID: 0207623</b> Date of Disbursement 09 / 01 / 2005
Mailing Address Rt 1 Box 1711		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brazoria State TX Zip Code 77422		
Purpose of Disbursement Maintenance Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MPrinting Graphics &amp; Advertising</b>		<b>Transaction ID: 0207621</b> Date of Disbursement 09 / 01 / 2005
Mailing Address 3902 E Wisteria Circle		Amount of Each Disbursement this Period 336.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sugar Land State TX Zip Code 77479		
Purpose of Disbursement Newspaper Ads Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	754.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Park Place</b>		<b>Transaction ID: 0207618</b> Date of Disbursement 09 / 01 / 2005	
Mailing Address 120 Dixie Dr		Amount of Each Disbursement this Period 274.00	
City Clute State TX Zip Code 77531	Purpose of Disbursement Shirts Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>B. Deana Watts</b>		<b>Transaction ID: 0207622</b> Date of Disbursement 09 / 01 / 2005	
Mailing Address 107 Juniper St		Amount of Each Disbursement this Period 1085.25	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) <b>C. First National Bank of Lake Jackson</b>		<b>Transaction ID: 0207633</b> Date of Disbursement 09 / 01 / 2005	
Mailing Address 122 W Way		Amount of Each Disbursement this Period 10.00	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Service Charge Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

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

1369.25

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jim Ryan</p>		<p><b>Transaction ID:</b> 0207617 <b>Date of Disbursement</b></p>	
<p>Mailing Address Rt 1 Box 14</p>		<p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/></p>	
<p>City Angleton</p>	<p>State TX</p>	<p>Zip Code 77515</p>	
<p>Purpose of Disbursement Travel Expense</p>		<p><input type="text" value="002"/> Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Ashbrook</p>		<p><b>Transaction ID:</b> 0207624 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 139</p>		<p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="05"/></p>	
<p>City Cedar Lane</p>	<p>State TX</p>	<p>Zip Code 77415</p>	
<p>Purpose of Disbursement Travel Expense</p>		<p><input type="text" value="002"/> Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Chase Visa</p>		<p><b>Transaction ID:</b> 0207625 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 52064</p>		<p><input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="05"/></p>	
<p>City Phoenix</p>	<p>State AZ</p>	<p>Zip Code 85072-2064</p>	
<p>Purpose of Disbursement Credit Card Payment</p>		<p><input type="text" value="001"/> Category/Type</p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

ITEMIZATION BELOW

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1501.82"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. 2j's Cafe &amp; Marina</b>		Transaction ID: 0207625-001 Date of Disbursement 09 / 05 / 2005	
Mailing Address 5100 CR 469		Amount of Each Disbursement this Period 277.18	
City Churchill State TX Zip Code 77422	Purpose of Disbursement Food Expense Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. Cactus Grill</b>		Transaction ID: 0207625-002 Date of Disbursement 09 / 05 / 2005	
Mailing Address 107 West Way		Amount of Each Disbursement this Period 107.41	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Food Expense Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: 0207632 Date of Disbursement 09 / 06 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 5.00	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Settlement Fee Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5.00
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: 0207613</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 279.15
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID: 0207614</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 84.70
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: 0207611</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 181.83
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	545.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 0207612 Date of Disbursement 09 / 07 / 2005
Mailing Address 530 E Main St		Amount of Each Disbursement this Period 370.00
City Clute State TX Zip Code 77531	Purpose of Disbursement General Postage Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. International Mailing</b>		<b>Transaction ID:</b> 0207606 Date of Disbursement 09 / 09 / 2005
Mailing Address 815 Live Oak St		Amount of Each Disbursement this Period 11141.07
City Houston State TX Zip Code 77003	Purpose of Disbursement Bulk Mail Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Lake Jackson Flowers &amp; Gifts</b>		<b>Transaction ID:</b> 0207610 Date of Disbursement 09 / 09 / 2005
Mailing Address 26 Circle Way		Amount of Each Disbursement this Period 95.26
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Flowers Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11606.33</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. MPrinting Graphics &amp; Advertising</b>		<b>Transaction ID: 0207609</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2005	
Mailing Address 3902 E Wisteria Circle		Amount of Each Disbursement this Period 2219.13	
City Sugar Land State TX Zip Code 77479	Purpose of Disbursement Bulk Printing Candidate Name	Category/Type 006 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Ashbrook</b>		<b>Transaction ID: 0207607</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 22.94	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207608</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 21.06	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Travel Expense Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2263.13
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. MPrinting Graphics &amp; Advertising</b>		<b>Transaction ID:</b> 0207605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address 3902 E Wisteria Circle		Amount of Each Disbursement this Period 5065.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sugar Land State TX Zip Code 77479		
Purpose of Disbursement Bulk Printing Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Transfirst</b>		<b>Transaction ID:</b> 0207630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 1100 S McCaslin Blvd #100		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Superior State CO Zip Code 80027		
Purpose of Disbursement Credit Card Settlement Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Transfirst</b>		<b>Transaction ID:</b> 0207631 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 1100 S McCaslin Blvd #100		Amount of Each Disbursement this Period 22.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Superior State CO Zip Code 80027		
Purpose of Disbursement Credit Card Settlement Fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5107.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Susan Ashbrook</b>		Transaction ID: 0207603 Date of Disbursement 09 / 14 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 78.62	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Ashbrook</b>		Transaction ID: 0207604 Date of Disbursement 09 / 14 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 57.10	
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: 0207626 Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 2432.45	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Payment Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ITEMIZATION BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2568.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. The Kroger Company</b>		Transaction ID: 0207626-001 Date of Disbursement 09 / 15 / 2005	
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 32.76	
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Amazon.com Superstore</b>		Transaction ID: 0207626-003 Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 80683		Amount of Each Disbursement this Period 15.52	
City Seattle State WA Zip Code 98108	Purpose of Disbursement Books/Magazines Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. The Kroger Company</b>		Transaction ID: 0207626-004 Date of Disbursement 09 / 15 / 2005	
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 35.91	
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<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

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Continental Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address 9999 Richmond Ave City Houston State TX Zip Code 77042 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0207626-005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 403.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>B. The Kroger Company</b> Full Name (Last, First, Middle Initial) Mailing Address 101 Dixie Dr City Clute State TX Zip Code 77531 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0207626-006 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 35.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<b>C. The Kroger Company</b> Full Name (Last, First, Middle Initial) Mailing Address 101 Dixie Dr City Clute State TX Zip Code 77531 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 0207626-010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 21.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO
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<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**

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines</b>		Transaction ID: 0207626-012 Date of Disbursement 09 / 15 / 2005	
Mailing Address 9999 Richmond Ave		Amount of Each Disbursement this Period 326.90	
City Houston State TX Zip Code 77042	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	002 Category/Type	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 0207626-013 Date of Disbursement 09 / 15 / 2005	
Mailing Address 9999 Richmond Ave		Amount of Each Disbursement this Period 605.90	
City Houston State TX Zip Code 77042	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	002 Category/Type	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Transaction ID: 0207626-014 Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 60152		Amount of Each Disbursement this Period 202.70	
City Houston State TX Zip Code 77205	Purpose of Disbursement Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	002 Category/Type	<b>[MEMO ITEM]</b> MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Transaction ID: 0207626-015 Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 60152		Amount of Each Disbursement this Period 202.70	
City Houston State TX Zip Code 77205	Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 0207626-016 Date of Disbursement 09 / 15 / 2005	
Mailing Address 9999 Richmond Ave		Amount of Each Disbursement this Period 5.00	
City Houston State TX Zip Code 77042	Purpose of Disbursement Travel Expense Candidate Name	002 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

Full Name (Last, First, Middle Initial) <b>C. Cactus Grill</b>		Transaction ID: 0207626-017 Date of Disbursement 09 / 15 / 2005	
Mailing Address 107 West Way		Amount of Each Disbursement this Period 155.24	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Food Expense Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO	

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

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. The Kroger Company</b>		Transaction ID: 0207626-018 Date of Disbursement 09 / 15 / 2005
Mailing Address 101 Dixie Dr		Amount of Each Disbursement this Period 32.68
City Clute State TX Zip Code 77531	Purpose of Disbursement Gasoline Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>B. El Toro's</b>		Transaction ID: 0207626-019 Date of Disbursement 09 / 15 / 2005
Mailing Address 120 Commerce St		Amount of Each Disbursement this Period 122.02
City Clute State TX Zip Code 77531	Purpose of Disbursement Food Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO

Full Name (Last, First, Middle Initial) <b>C. David Morris</b>		Transaction ID: 0207602 Date of Disbursement 09 / 15 / 2005
Mailing Address Rt 1 Box 1711		Amount of Each Disbursement this Period 300.00
City Brazoria State TX Zip Code 77422	Purpose of Disbursement Maintenance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID: 0207597</b> Date of Disbursement 09 / 15 / 2005
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 176.35
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. First National Bank of Lake Jackson</b>		<b>Transaction ID: 0207601</b> Date of Disbursement 09 / 15 / 2005
Mailing Address 122 W Way		Amount of Each Disbursement this Period 4347.40
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Payroll Tax Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207595</b> Date of Disbursement 09 / 15 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 85.18
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4608.93</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Laine Langford</b>		<b>Transaction ID: 0207600</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 553.59	
City Angleton	State TX	Zip Code 77516	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Junior Service League of B'Port</b>		<b>Transaction ID: 0207598</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 163		Amount of Each Disbursement this Period 250.00	
City Lake Jackson	State TX	Zip Code 77566	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Sponsorship		Category/ Type 001	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207596</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 139		Amount of Each Disbursement this Period 70.47	
City Cedar Lane	State TX	Zip Code 77415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense		Category/ Type 002	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>874.06</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Laine Langford</b>		<b>Transaction ID: 0207599</b> Date of Disbursement 09 / 15 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 23.31	
City Angleton	State TX	Zip Code 77516	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expense		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Lori Pyeatt</b>		<b>Transaction ID: 0207594</b> Date of Disbursement 09 / 20 / 2005	
Mailing Address 504 Brazoria Rd		Amount of Each Disbursement this Period 1987.28	
City Lake Jackson	State TX	Zip Code 77566	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salaries		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Signal Electronics</b>		<b>Transaction ID: 0207593</b> Date of Disbursement 09 / 26 / 2005	
Mailing Address 905 N Gulf Blvd		Amount of Each Disbursement this Period 1230.75	
City Freeport	State TX	Zip Code 77541	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Expense		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3241.34</b>
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 0207592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 530 E Main St		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clute State TX Zip Code 77531	Purpose of Disbursement General Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Texas GOP Luncheons</b>		<b>Transaction ID:</b> 0207590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 1318 Longworth House Bldg		Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement Luncheon Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 0207591 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 194.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20914	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1364.28
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. MPrinting Graphics &amp; Advertising</b>		<b>Transaction ID: 0207589</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 3902 E Wisteria Circle		Amount of Each Disbursement this Period 5368.06
City Sugar Land State TX Zip Code 77479	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bulk Printing Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David Morris</b>		<b>Transaction ID: 0207588</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address Rt 1 Box 1711		Amount of Each Disbursement this Period 300.00
City Brazoria State TX Zip Code 77422	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. F.R.E.E.</b>		<b>Transaction ID: 0207584</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 837 W Plantation Dr		Amount of Each Disbursement this Period 2000.00
City Clute State TX Zip Code 77531	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7668.06
<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)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Deana Watts</b>		<b>Transaction ID: 0207587</b> Date of Disbursement 09 / 29 / 2005	
Mailing Address 107 Juniper St		Amount of Each Disbursement this Period 1085.25	
City Lake Jackson State TX Zip Code 77566	Purpose of Disbursement Salaries Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Penny Langford</b>		<b>Transaction ID: 0207585</b> Date of Disbursement 09 / 29 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 319.02	
City Angleton State TX Zip Code 77516	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Penny Langford</b>		<b>Transaction ID: 0207586</b> Date of Disbursement 09 / 29 / 2005	
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 307.98	
City Angleton State TX Zip Code 77516	Purpose of Disbursement Travel Expense Candidate Name	002 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1712.25
<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 100 / 105

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. SBC Southwestern Bell</b>		<b>Transaction ID: 0207577</b> Date of Disbursement 09 / 30 / 2005
Mailing Address PO Box 1550		Amount of Each Disbursement this Period 181.06
City Houston State TX Zip Code 77097-0047	Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Laine Langford</b>		<b>Transaction ID: 0207579</b> Date of Disbursement 09 / 30 / 2005
Mailing Address PO Box 2613		Amount of Each Disbursement this Period 405.82
City Angleton State TX Zip Code 77516	Purpose of Disbursement Salaries Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Susan Ashbrook</b>		<b>Transaction ID: 0207581</b> Date of Disbursement 09 / 30 / 2005
Mailing Address PO Box 139		Amount of Each Disbursement this Period 81.91
City Cedar Lane State TX Zip Code 77415	Purpose of Disbursement Salaries Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	668.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A. Penny Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Salaries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207583</b> Date of Disbursement 09 / 30 / 2005 Amount of Each Disbursement this Period 1187.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Nora L. LeBlanc</b> Full Name (Last, First, Middle Initial) Mailing Address 904 Heritage Oaks Dr City Angleton State TX Zip Code 77516 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207578</b> Date of Disbursement 09 / 30 / 2005 Amount of Each Disbursement this Period 204.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>C. Laine Langford</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2613 City Angleton State TX Zip Code 77516 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 0207580</b> Date of Disbursement 09 / 30 / 2005 Amount of Each Disbursement this Period 33.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1425.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

A. Full Name (Last, First, Middle Initial)  
Susan Ashbrook

Mailing Address PO Box 139

City Cedar Lane State TX Zip Code 77415

Purpose of Disbursement  
Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0207582

Date of Disbursement

09 / 30 / 2005

Amount of Each Disbursement this Period

85.36

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

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

85.36

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

128767.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Peter Thiel</b>		Transaction ID: 0207680 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 555 California St #4360		Amount of Each Disbursement this Period 100.00	
City San Francisco State CA Zip Code 94104-1529	Purpose of Disbursement Contribution Refund Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/Type 010 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>100.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

Full Name (Last, First, Middle Initial) <b>A. Grace Episcopal Church</b>		<b>Transaction ID:</b> 0207571
Mailing Address 4482 FM 3084		Date of Disbursement MM / DD / YYYY 08 / 04 / 2005
City Port Lavaca	State TX	Zip Code 77979
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 100.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rivers End Volunteer Fire Dept.</b>		<b>Transaction ID:</b> 0207615
Mailing Address 12070 FM 2918		Date of Disbursement MM / DD / YYYY 09 / 06 / 2005
City Brazoria	State TX	Zip Code 77422
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 200.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
State: District:		

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

300.00

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

300.00



**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 105 / 105
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Committee to Re-Elect Ron Paul

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MPrinting Graphics & Advertising	Nature of Debt (Purpose): Bulk Printing
Mailing Address 3902 E Wisteria Circle	
City State ZIP Code Sugar Land TX 77479	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 215539-7</b>	
Amount Incurred This Period 37811.72	Payment This Period 25260.13	Outstanding Balance at Close of This Period 12551.59

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor F.R.E.E.	Nature of Debt (Purpose): Rent Expense
Mailing Address 837 W Plantation Dr	
City State ZIP Code Clute TX 77531	

Outstanding Balance Beginning This Period 500.00	<b>Transaction ID: 215541-9</b>	
Amount Incurred This Period 2000.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	12551.59
2) <b>TOTALS</b> This Period (last page this line number only).....	12551.59
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	