

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 8060  
 Check if different than previously reported. (ACC)  
TYLER TX 75711

2. **FEC IDENTIFICATION NUMBER** C00386532  
**CITY** STATE ZIP CODE STATE DISTRICT  
TX 1

4. **TYPE OF REPORT** (Choose One)

- (a) Quarterly Reports:
  - April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on 11 07 2006 in the State of TX

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

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

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Wm. L. (Bill) Long

Signature of Treasurer Electronically Filed by Mr. Wm. L. (Bill) Long Date 03 26 2006

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

Office Use Only									<b>FEC FORM 3</b> (Revised 02/2003)
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	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)).....	92357.00	977471.80
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	92357.00	973146.80
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	88942.55	817420.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5024.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88942.55	812396.52
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	290240.79	
<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>	10000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
 LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

73508.00

708673.83

(ii) Unitemized.....

5099.00

51647.00

(iii) TOTAL of contributions

78607.00

760320.83

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

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

13750.00

217052.97

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

92357.00

977471.80

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

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

0.00

10179.78

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

5024.06

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

0.00

0.00

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

92357.00

992675.64

**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.....	88942.55	817420.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	43000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4325.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4325.00
21. OTHER DISBURSEMENTS.....	125.00	17396.20
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	89067.55	882141.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	286951.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	92357.00
25. SUBTOTAL (add Line 23 and Line 24).....	379308.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89067.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	290240.79

# 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 / 81
	<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

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

NAME OF COMMITTEE (In Full)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Cliff Adams Mailing Address 13638 Hwy 110 S. City Tyler State TX Zip Code 75707 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18311 Amount of Each Receipt this Period 58.00 Storage <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Storage Center Occupation Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 870.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. David R. Alders Mailing Address 8740 FM 226 City Nacogdoches State TX Zip Code 75961 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18585 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Miscellaneous Ag Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Nolan Alders Mailing Address 5437 E. State Hwy 7 City Nacogdoches State TX Zip Code 75961 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18258 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>558.00</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 6 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Robert J. Allison, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 6116 Bermuda Dunes		Transaction ID: SA11A1.18353
City State Zip Code Houston TX 77069	Amount of Each Receipt this Period 2100.00	
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	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Anne McGrede Ashcroft		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address P. O. Box 631532		Transaction ID: SA11A1.18529
City State Zip Code Nacogdoches TX 75963	Amount of Each Receipt this Period 100.00	
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	Election Cycle-to-Date ▼ 600.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Alvin O. Austin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 303 Hunters Circle		Transaction ID: SA11A1.18614
City State Zip Code Longview TX 75605	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 LeTourneau University Occupation President	Election Cycle-to-Date ▼ 450.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2450.00
<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 7 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Austin, III Mailing Address P. O. Box 951		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
City State Zip Code Jacksonville TX 75766		Transaction ID: SA11A1.18260 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 Austin Bank of Texas	Occupation Sr Exec V P	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Rowland Baldwin, Jr. Mailing Address 3801 Fry		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
City State Zip Code Tyler TX 75701		Transaction ID: SA11A1.18261 Amount of Each Receipt this Period 75.00
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 Housewife	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lin T. Barker Mailing Address 9525 Tessa Ln.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
City State Zip Code Flint TX 75762-9340		Transaction ID: SA11A1.18307 Amount of Each Receipt this Period 525.00
FEC ID number of contributing federal political committee. C		Rents <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Real Estate	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sandra L. Barker

Mailing Address 9525 Tessa Ln

City State Zip Code  
Flint TX 75762

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

Name of Employer Occupation  
Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1575.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.18309

Amount of Each Receipt this Period  
525.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bettye Baty

Mailing Address 2219 Firestone Circle

City State Zip Code  
Tyler TX 75703

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

Name of Employer Occupation  
Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.18615

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)  
D. Andrew Beal

Mailing Address 6000 Legacy Dr.

City State Zip Code  
Plano TX 75204

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

Name of Employer Occupation  
Bel Bank CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** SA11A1.18291

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2775.00</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 9 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sevima Beal

Mailing Address 3816 Stratford

City State Zip Code  
Dallas TX 75205

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

Name of Employer Occupation  
Housewife

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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18262

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)  
William I. Beasing

Mailing Address 1828 E. SE. Loop 323 Suite 111

City State Zip Code  
Tyler TX 75701

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

Name of Employer 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  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18552

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)  
Thomas G. Bellmyer

Mailing Address 6657 CR 4293

City State Zip Code  
Tenaha TX 75974

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

Name of Employer Occupation  
Self Rancher

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  
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18486

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) .....	▶	2200.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kara Bolster

Mailing Address 3114 Palmer

City State Zip Code  
Longview TX 75605

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

Name of Employer Occupation  
Housewife

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  
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18487

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)  
Dale Booth

Mailing Address P. O. Box 9416

City State Zip Code  
Tyler TX 75711

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

Name of Employer Occupation  
TX DOT Civil Engineer

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  
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.18656

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)  
Jamie Boring

Mailing Address 526 Park Heights Circle

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Self Real Estate

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

750.00

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

Transaction ID: SA11A1.18264

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) .....	<b>850.00</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 11 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Betty J. Bower		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 321 W. 8th Street		Transaction ID: SA11A1.18316	
City State Zip Code Tyler TX 75701	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		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gary W. Boyd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 304 Moccasin		Transaction ID: SA11A1.18463	
City State Zip Code Kilgore TX 75662	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		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Sam T. Bracken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address P O Box 8029		Transaction ID: SA11A1.18577	
City State Zip Code Tyler TX 75711	Amount of Each Receipt this Period 2100.00		
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 Oil & Gas		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2850.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Fran Brazeal</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 5905 Raleigh Dr		Transaction ID: SA11A1.18617	
City Tyler	State TX	Zip Code 75703	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Housewife	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. D. Mike Breedlove</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address P. O. Box 6500		Transaction ID: SA11A1.18589	
City Tyler	State TX	Zip Code 75711	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Insurance		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Henry F. Broesche</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 626 Voss		Transaction ID: SA11A1.18265	
City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Investments		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2850.00
<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 13 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn R. G. Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5602 Delwood Dr		Transaction ID: SA11A1.18531	
City Austin	State TX	Zip Code 78723	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 Homemaker	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy Cagle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 40 Waterford Dr.		Transaction ID: SA11A1.18267	
City Nacogdoches	State TX	Zip Code 75965	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 Housewife	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Campbell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address P. O. Box 2108		Transaction ID: SA11A1.18488	
City Center	State TX	Zip Code 75935	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 Campbell Portable Buildings	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

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

# 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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Rick Campbell

Mailing Address P. O. Box 2108`

City State Zip Code  
Center TX 75935

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

Name of Employer Occupation  
Campbell Portable Buildings Executive

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

1500.00

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

Transaction ID: SA11A1.18506

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)  
David Chadwick

Mailing Address P O Box 712

City State Zip Code  
Center TX 75935

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

Name of Employer Occupation  
Farmers State Bank Banker

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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18268

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)  
John O. Childs

Mailing Address 1129 Pollard

City State Zip Code  
Tyler TX 75701-9038

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

Name of Employer Occupation  
Self 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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18270

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) .....	▶	1500.00
<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 15 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 204 Houston St.

City State Zip Code  
Center TX 75935

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

Name of Employer Occupation  
State of Texas State Representative

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

700.00

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

**Transaction ID:** SA11A1.18507

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)  
Ted F. Conover

Mailing Address 22755 CR 181

City State Zip Code  
Bullard TX 75757

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

Name of Employer Occupation  
Bank of Texas Manager

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

800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.18619

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. J. Stewart Crutchfield

Mailing Address 2006 Canberra Ct.

City State Zip Code  
Tyler TX 75703-5802

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

Name of Employer Occupation  
NeuroCare Network Physician

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

1500.00

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

**Transaction ID:** SA11A1.18271

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) .....	▶	1550.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sammy Dance</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P O Box 1833		<b>Transaction ID: SA11A1.18517</b>
City Center	State TX	Zip Code 75935
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dance Furniture & Appliance	Occupation Store Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. John R. Daughtrey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 6713 Hollytree Circle		<b>Transaction ID: SA11A1.18272</b>
City Tyler	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Old Jacksonville Industries	Occupation Owner/Operator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Jesse M. Deware, IV</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address P O Box 668		<b>Transaction ID: SA11A1.18464</b>
City Jefferson	State TX	Zip Code 75657
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1100.00
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</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 17 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Thomas E. Duncan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1701 Copeland St		Transaction ID: SA11A1.18673
City State Zip Code Lufkin TX 75904	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 Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Kenneth Dupuy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 420 Hillmont		Transaction ID: SA11A1.18489
City State Zip Code Longview TX 75601	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 Amigos Internacionales Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice Chairman Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James A. Elkins, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1001 Fannin Suite 700		Transaction ID: SA11A1.18518
City State Zip Code Houston TX 77002	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 Houston Trust Company Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chairman Election Cycle-to-Date ▼ 250.00	

<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 18 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 1403 Stependale Dr.

City State Zip Code  
Katy TX 77450

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

Name of Employer Occupation  
Mustang Engineering, L. P. Engineer

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

2500.00

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

Transaction ID: SA11A1.18466

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)  
Nancy Fair

Mailing Address 200 Glenhaven Circle

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Self Investments

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

1000.00

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

Transaction ID: SA11A1.18274

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 Farmer, Jr.

Mailing Address 1310 Enchanted Ln.

City State Zip Code  
Longview TX 75604

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

Name of Employer Occupation  
Self Sales

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  
1 0 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.18317

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jimmy Dan Ferguson

Mailing Address 3306 Oak Village Dr.

City Tyler State TX Zip Code 75707

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

Name of Employer University of Texas at Tyler Occupation School Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.18275

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)  
Sally Price Fischer

Mailing Address 315 S Broadway Ave Suite 103

City Tyler State TX Zip Code 75702

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

Name of Employer Bracken Oil Co Occupation Oil & Gas Producer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.18318

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. Ken Flory

Mailing Address 1200 Montclair

City Longview State TX Zip Code 75601

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

Name of Employer Internal Medicine Assoc Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.18621

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: (check only one)	PAGE 20 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Samuel J. Forester</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2006
Mailing Address 1410 Sleepy Hollow		Transaction ID: SA11A1.18420
City State Zip Code Longview TX 75604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Investments	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Robin J. Geese</b>		Date of Receipt MM / DD / YYYY 10 / 07 / 2006
Mailing Address 5903 Churchill Dr		Transaction ID: SA11A1.18320
City State Zip Code Tyler TX 75703	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer Housewife Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Louis B. Gohmert, Sr.</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2006
Mailing Address P. O. Box 10		Transaction ID: SA11A1.18657
City State Zip Code Mt. Pleasant TX 75456	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self Occupation Architect	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Marjorie J. Gohmert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 801 Fleming		Transaction ID: SA11A1.18658
City State Zip Code Mt. Pleasant TX 75456	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 Housewife	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ellen Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6
Mailing Address 1601 Sweetbrier		Transaction ID: SA11A1.18534
City State Zip Code Longview TX 75604	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 Pine Tree Ind Sch Dist	Occupation Counselor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sharron Graves		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 2229 Glarice		Transaction ID: SA11A1.18467
City State Zip Code Nacogdoches TX 75964	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 Steven F. Austin State Un-ivers	Occupation Professor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Debbie Griffin

Mailing Address P. O. Box 1157

City State Zip Code  
Kilgore TX 75663

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

Name of Employer Housewife Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.18459

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)  
Margaret Griffin

Mailing Address 7151 FM 349

City State Zip Code  
Kilgore TX 75662

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  
1 0 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.18493

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)  
Robert B. Hahn

Mailing Address 3334 S. SW. Loop 323 Suite 140

City State Zip Code  
Tyler TX 75701

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

Name of Employer Robert B. Hahn, Inc. Occupation Owner

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  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.18670

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 23 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David Hailey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 304 River Oaks Dr.		Transaction ID: SA11A1.18469	
City State Zip Code Longview TX 75604	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 M. L. Hailey Enterprises Owner	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Margaret S. Hall</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 3805 Timms St Suite 500		Transaction ID: SA11A1.18579	
City State Zip Code Tyler TX 75701	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 Self Real Estate	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Julie A. Hardy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 19311 CR 1321		Transaction ID: SA11A1.18559	
City State Zip Code Flint TX 75762	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 Rehab at Home Physical Therapist	Election Cycle-to-Date 1450.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<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: (check only one)	PAGE 24 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Tim Harris

Mailing Address 5232 Glen Abbey Ln.

City State Zip Code  
Tyler TX 75703

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

Name of Employer Self Occupation Investment Broker

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  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.18560

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)  
Mrs. Eddie L. Howard

Mailing Address 17245 Pilot Dr.

City State Zip Code  
Tyler TX 75707

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

Name of Employer Housewife Occupation

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  
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.18254

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)  
Joyce Hugman

Mailing Address 1901 East Lake Dr.

City State Zip Code  
Gladewater TX 75647

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

Name of Employer Retired Occupation

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  
1 0 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.18324

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) .....	▶	750.00
<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 25 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Warran Hunt, III

Mailing Address 1312 New Forrest Dr.

City State Zip Code  
Longview TX 75601

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

Name of Employer Warren H. Hunt III M. D. P. A. Occupation Physician

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  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.18562

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)  
Robert L. Hutchison

Mailing Address 3717 Chevy Chase

City State Zip Code  
Nacogdoches TX 75961

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

Name of Employer Self Occupation Rancher

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.18423

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)  
Mary Irwin

Mailing Address P. O. Box 6966

City State Zip Code  
Tyler TX 75711

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

Name of Employer Occupation Housewife

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4100.00

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

Transaction ID: SA11A1.18480

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2450.00
<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 26 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert B. Irwin

Mailing Address P. O. Box 6966

City State Zip Code  
Tyler TX 75711

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

Name of Employer Occupation  
Retired

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

4200.00

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

Transaction ID: SA11A1.18481

Amount of Each Receipt this Period  
1200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Larry Johnson

Mailing Address P. O. Box 9035

City State Zip Code  
Longview TX 75608

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

Name of Employer Occupation  
Self Businessman

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

3000.00

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

Transaction ID: SA11A1.18494

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)  
Charles D. Jones

Mailing Address 5015 Fort Ave.

City State Zip Code  
Waco TX 76710

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

Name of Employer Occupation  
Charles D. Jones Capital Manag Financial Advisor

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

350.00

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

Transaction ID: SA11A1.18563

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) ..... ► **2450.00**

**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 27 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kay Jones

Mailing Address 3800 Cloverdale

City State Zip Code  
Tyler TX 75701

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

Name of Employer Occupation  
Hibbs-Hallmark & Co. Insurance

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  
1 0 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.18536

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)  
Ron D. Jurenka

Mailing Address 10 Oak Forest Dr.

City State Zip Code  
Longview TX 75605

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

Name of Employer 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  
1 0 / 0 9 / 2 0 0 6

**Transaction ID:** SA11A1.18436

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)  
Gore Kemp

Mailing Address 28 Eden Place

City State Zip Code  
Kilgore TX 75662

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

Name of Employer Occupation  
Retired

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

350.00

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

**Transaction ID:** SA11A1.18510

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>1000.00</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 28 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Phyllis B. Kimmel Mailing Address 12460 CR 168 City Flint State TX Zip Code 75762 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18325 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Housewife Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Page Kline Mailing Address 413 E. Parker Rd. City Nacogdoches State TX Zip Code 75965 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18424 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Info Requested Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth R. Koechig Mailing Address 3647 Rolling Terrace Dr City Spring State TX Zip Code 77388 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18540 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<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 29 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Margaret Koechig

Mailing Address 3647 Rolling Terrace Dr

City State Zip Code  
Spring TX 77388

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

Name of Employer Retired Occupation

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  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18542

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)  
Bryant H. Krenek, Jr.

Mailing Address 836 CR 3271 W.

City State Zip Code  
Mt. Enterprise TX 75681

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

Name of Employer Memorial Health Sys of East Te Occupation Administrator

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  
1 0 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.18662

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)  
Les Kroeger

Mailing Address P. O. Box 2264

City State Zip Code  
Longview TX 75601

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

Name of Employer Coors of Longview, Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

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

Transaction ID: SA11A1.18313

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) .....	▶	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 30 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Karl L. Krohn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2403 Copeland St.		Transaction ID: SA11A1.18497	
City Lufkin	State TX	Amount of Each Receipt this Period 2000.00	
Zip Code 75904		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Krohn Internal Medicine Assoc	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kyle G. Krohn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2403 Copeland St.		Transaction ID: SA11A1.18498	
City Lufkin	State TX	Amount of Each Receipt this Period 2000.00	
Zip Code 75904		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Krohn Internal Medicine Assoc	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Layne E. Kruse		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 1301 McKinney 45th Fl.		Transaction ID: SA11A1.18326	
City Houston	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 75010		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fulbright & Jaworski LLP	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<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 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Michael W. Lackey

Mailing Address 3710 Mary Mont Dr.

City San Antonio State TX Zip Code 78217

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

Name of Employer Lackey Brothers, L. P. Occupation President/Engineer

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  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.18564

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)  
Kay Kenner Latta

Mailing Address 6303 Gleneagles Dr.

City Tyler State TX Zip Code 75703

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

Name of Employer Henry & Peters, P. C. Occupation C P A

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  
1 0 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.18505

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)  
Mrs. W. G. Lear

Mailing Address 18 Oak Forest Dr

City Longview State TX Zip Code 75605

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

Name of Employer Retired Occupation

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  
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.18470

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) ..... ▶ **800.00**

**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 32 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn Linder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address P. O. Box 97		Transaction ID: SA11A1.18347	
City Gladewater	State TX	Zip Code 75647	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Oil & Gas		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Edward G. Lipp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 5804 Fallmeadow Dr.		Transaction ID: SA11A1.18533	
City Tyler	State TX	Zip Code 75703	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Oil & Gas		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Betty Robbins Lloyd		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address P O Box 2347		Transaction ID: SA11A1.18354	
City Longview	State TX	Zip Code 75606	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Oil & Gas		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<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 33 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mrs. H. L. Long</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 2 Briar Ln.		Transaction ID: SA11A1.18553	
City State Zip Code Kilgore TX 75662		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 Self Occupation Oil & Investments			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Wm. L. (Bill) Long</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 8236 Columbia Dr.		Transaction ID: SA11A1.18565	
City State Zip Code Tyler TX 75703		Amount of Each Receipt this Period 150.00	
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 Henry & Peters, P. C. Occupation C. P. A.			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Lott</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 810 Ashford Ct.		Transaction ID: SA11A1.18278	
City State Zip Code Tyler TX 75703		Amount of Each Receipt this Period 125.00	
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 UBS Financial Services Occupation Investment Banker			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<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 34 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mark Loughmiller

Mailing Address 613 Top Hill Drive

City State Zip Code  
Tyler TX 75703

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

Name of Employer Occupation  
Hibernia Bank V. P.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2006

**Transaction ID:** SA11A1.18612

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)  
Lester Lucy

Mailing Address 1215 Lesley Ln

City State Zip Code  
Longview TX 75604

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

Name of Employer Occupation  
Bancorp South Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2006

**Transaction ID:** SA11A1.18426

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)  
Bennie Lybrand

Mailing Address 11133 FM 724

City State Zip Code  
Tyler TX 75704

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

Name of Employer Occupation  
Brannon Corporation 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  
10 / 18 / 2006

**Transaction ID:** SA11A1.18613

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>850.00</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 35 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Carla H. Mann

Mailing Address 601 E Melton

City State Zip Code  
Longview TX 75602

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

Name of Employer Occupation  
Housewife

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  
1 0 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.18429

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)  
Jack M. Mann, Sr.

Mailing Address 21 Tallwood Ln

City State Zip Code  
Longview TX 75605

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

Name of Employer Occupation  
Made-Rite Co. President

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  
1 0 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.18432

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)  
True Sandlin Mann

Mailing Address 1906 N. Fourth St.

City State Zip Code  
Longview TX 75601

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

Name of Employer 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  
1 0 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.18462

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 36 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Jo S. Maxwell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address P O Box 1038		Transaction ID: SA11A1.18348	
City Kilgore	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 75663		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Mustang Drilling	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael J. McNally</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address P O Box 600		Transaction ID: SA11A1.18279	
City Tyler	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 75710		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer McNally & Patrick LLP	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. D'Auan McNeel</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 8458 Southland		Transaction ID: SA11A1.18438	
City Tyler	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 75703		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Diamond K Corp	Occupation Administrator		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Douglas R. McSwane, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2100 Robertson		Transaction ID: SA11A1.18281
City Tyler	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Potter Minton P C	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> David L. McWhorter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 1308 Inverness		Transaction ID: SA11A1.18331
City Longview	State TX	Zip Code 75601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gans & Smith Insurance Agency	Occupation Insurance Sales	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen J. Metcalf		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 1114 Windsong		Transaction ID: SA11A1.18333
City Longview	State TX	Zip Code 75604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastman Chemical	Occupation Eng & Maint Supt	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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 38 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Keith Miller

Mailing Address 620 Tenaha St

City State Zip Code  
Center TX 75935

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 ▼

250.00

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

Transaction ID: SA11A1.18499

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)  
Nona Milstead

Mailing Address 1970 Reveneaux

City State Zip Code  
Tyler TX 75703

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

Name of Employer Housewife Occupation

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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18283

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)  
David Moore

Mailing Address 1502 Royal Oak

City State Zip Code  
Tyler TX 75701

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

Name of Employer Merrill Lynch Occupation Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.18335

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) ..... ► **1000.00**

**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 39 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

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  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.18677

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)  
Dr. David F. Nichols

Mailing Address 4700 Kinsey Dr.

City Tyler State TX Zip Code 75703

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

Name of Employer Self Occupation Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.18623

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)  
Karen Norton

Mailing Address 624 Tremont

City Tyler State TX Zip Code 75701

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

Name of Employer Housewife Occupation

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  
1 0 / 1 2 / 2 0 0 6

**Transaction ID:** SA11A1.18472

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) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Joseph Z. Ornelas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2512 Alta Mira Dr		Transaction ID: SA11A1.18290
City State Zip Code Tyler TX 75701	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 Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investments Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Louise H. Ornelas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2512 Alta Mira Dr.		Transaction ID: SA11A1.18289
City State Zip Code Tyler TX 75701	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 Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Investments Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John R. Pack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 4213 Oak Creek Dr.		Transaction ID: SA11A1.18663
City State Zip Code Nacogdoches TX 75965	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 Steven F. Austin State Un-ivers Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Prof Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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 41 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jack L. Phillips

Mailing Address P. O. Box 1686

City State Zip Code  
Gladewater TX 75647

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

Name of Employer Self Occupation Geologist

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  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.18581

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)  
Priscilla Powell

Mailing Address 111 Jackson Circle

City State Zip Code  
Hemphill TX 75948

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

Name of Employer Sabine Dental Occupation Dental Assistant

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  
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.18520

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)  
S. Mark Powell

Mailing Address 2900 Tarry Trail

City State Zip Code  
Austin TX 78703

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

Name of Employer Atlantic Trust Occupation Investment Mgmt

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  
1 0 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.18570

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: (check only one)	PAGE 42 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Larry D. Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 3301 Story Lake Ln.		Transaction ID: SA11A1.18664	
City Tyler	State TX	Zip Code 75707	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Investments		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara L. Rabin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6	
Mailing Address 24 Downs Lake Cir		Transaction ID: SA11A1.18544	
City Dallas	State TX	Zip Code 75230	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles G. Rader		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 1909 Sunshine Square		Transaction ID: SA11A1.18336	
City Longview	State TX	Zip Code 75601	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Mortician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00		

<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: (check only one)	PAGE 43 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
J. L. Rathert

Mailing Address 4014 Pecan Park Ln.

City State Zip Code  
Kingwood TX 77345

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

Name of Employer Occupation  
Housewife

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

4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18547

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Terry W. Rathert

Mailing Address 4014 Pecan Park Ln.

City State Zip Code  
Kingwood TX 77345

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

Name of Employer Occupation  
Newfield Exploration Company C F O

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

4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18546

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)  
Wade C. Ridley

Mailing Address 100 E Freguson Suite 803

City State Zip Code  
Tyler TX 75702

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

Name of Employer Occupation  
Self Petroleum Geologist

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  
1 0 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.18287

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) ..... ► **4450.00**

**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 44 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Gayle Riley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 701 Harvey Dr.		<b>Transaction ID:</b> SA11A1.18665	
City Marshall	State TX	Zip Code 75670	Amount of Each Receipt this Period 100.00
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 Housewife	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

<b>B.</b> Full Name (Last, First, Middle Initial) A. W. Riter, III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 110 N. College Suite 1406		<b>Transaction ID:</b> SA11A1.18338	
City Tyler	State TX	Zip Code 75702	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 Riter Management Co., L. C.	Occupation Investment Manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John C. Robbins		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address P. O. Box 2347		<b>Transaction ID:</b> SA11A1.18293	
City Longview	State TX	Zip Code 75606-2347	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 Best Efforts	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 825.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<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 45 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Earl Roberts, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 36 Palisades		Transaction ID: SA11A1.18355
City State Zip Code Longview TX 75604	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 Self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Randell C. Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 118 W. Fourth Street		Transaction ID: SA11A1.18666
City State Zip Code Tyler TX 75701-4000	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 Roberts & Roberts Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Shirley Rowold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 513		Transaction ID: SA11A1.18629
City State Zip Code Tyler TX 75710	Amount of Each Receipt this Period 100.00	
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 Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Landman Election Cycle-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<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 46 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Pat R. Rutherford</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 5 Greenway Plaza Suite 220		Transaction ID: SA11A1.18294
City Houston State TX Zip Code 77046	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 Rutherford Oil Corp	Occupation Owner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Clyde F. Sanford</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1719 McDonald Road		Transaction ID: SA11A1.18256
City Tyler State TX Zip Code 75701	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 Cardiovascular Consultants	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dan R. Schoolfield</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1011 Lovers Lane		Transaction ID: SA11A1.18433
City Longview State TX Zip Code 75604	Amount of Each Receipt this Period 100.00	
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	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<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 47 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Schulze		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 1319		Transaction ID: SA11A1.18641
City State Zip Code Van TX 78790	Amount of Each Receipt this Period 1500.00	
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 Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles R. Scott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 12603 E. Shadow Lake Dr.		Transaction ID: SA11A1.18339
City State Zip Code Cypress TX 77429	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 Hanover Compression Ltd. V P Tax	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott O. Shaver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1403 Brandywine		Transaction ID: SA11A1.18625
City State Zip Code Tyler TX 75703	Amount of Each Receipt this Period 100.00	
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 Self Geologist	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<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 48 / 81</span> (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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LOUIE GOHMERT FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. R. J. Shore Mailing Address 1802 Chestnut City State Zip Code Longview TX 75604 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18341 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation TEL Well Service Owner Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 900.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Roy Sloan, Jr. Mailing Address 1400 Old Hickory City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18296 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Vernon E. Faulconer Engineer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Albert J. Smith, III Mailing Address 6014 Crab Orchard City State Zip Code Houston TX 77057 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.18572 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Energy Development Inc. C F O Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> John L. Snider		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 560 CR 1430		Transaction ID: SA11A1.18342
City State Zip Code Center TX 75935	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 Occupation Shelby Savings Bank Banker	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Stephen C. Spain		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1702 Holly Creek Dr.		Transaction ID: SA11A1.18573
City State Zip Code Tyler TX 75703	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 Occupation East Texas Medical Center Physician	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Eleanor A. Stringer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2424 Old Bullard Road		Transaction ID: SA11A1.18297
City State Zip Code Tyler TX 75701	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 Occupation Self Investments	Election Cycle-to-Date 650.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<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: (check only one)	PAGE 50 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> John M. Taff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 3737 Woods Blvd		Transaction ID: SA11A1.18298
City State Zip Code Tyler TX 75707	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 Dixie Paper	Occupation Sales	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jim Toman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 3918 Charleston Park		Transaction ID: SA11A1.18255
City State Zip Code Tyler TX 75701	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 Info Requested	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jean Torrans		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address P O box 7994		Transaction ID: SA11A1.18344
City State Zip Code Tyler TX 75711	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	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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 51 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Lee Ussery

Mailing Address 1211 Culver

City State Zip Code  
Gladewater TX 75647

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

Name of Employer Self Occupation  
C. P. A.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

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

Transaction ID: SA11A1.18511

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)  
Bob Washmon

Mailing Address 102 N. College Ave Suite 200

City State Zip Code  
Tyler TX 75702

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

Name of Employer B W Energy Consultants, Inc. Occupation  
President

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  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18537

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)  
Ralph Wayne

Mailing Address 3902 Pebble Path

City State Zip Code  
Austin TX 78731

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

Name of Employer Texas Civil Justice League Occupation  
C E O

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  
1 0 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.18538

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) ..... ► **850.00**

**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 52 / 81
	<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Brenda M. Williams

Mailing Address 440 CR 810

City State Zip Code  
Nacogdoches TX 75964

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

Name of Employer Retired Occupation

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  
1 0 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.18434

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 E. Willis

Mailing Address 1137 CR 238

City State Zip Code  
Nacogdoches TX 75961

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

Name of Employer Woden ISD Occupation Educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

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

Transaction ID: SA11A1.18286

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)  
Jackie Wood

Mailing Address 204 Oak

City State Zip Code  
Gladewater TX 75647

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

Name of Employer JDW Serv Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.18349

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:	PAGE 53 / 81
	(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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Debrah J. Worsham

Mailing Address 215 Hurst St.

City State Zip Code  
Center TX 75935

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

Name of Employer Self Occupation Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** SA11A1.18516

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)  
Nancy Wrenn

Mailing Address 1128 Medical Dr

City State Zip Code  
Tyler TX 75701

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

Name of Employer Allergy Clinic P A 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  
1 0 / 1 2 / 2 0 0 6

**Transaction ID:** SA11A1.18460

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) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	73508.00

**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 54 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 7 / 2 0 0 6
Mailing Address 101 Constitution Ave NW Suite 400W		Transaction ID: SA11C.18356
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00089136	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN DENTAL POLITICAL ACTION CMTE.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: SA11C.18523
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000729	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 175 E. Houston Street Room 7-A-50		Transaction ID: SA11C.18477
City San Antonio State TX Zip Code 78205	FEC ID number of contributing federal political committee. <b>C</b> C00109017	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<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 55 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRESHMEN PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 25121		<b>Transaction ID: SA11C.18676</b>	
City State Zip Code Washington DC 20027		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00383901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 6	
Mailing Address 655 15th Street NW Suite 445		<b>Transaction ID: SA11C.18357</b>	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00236489		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. LOCKE LIDDELL &amp; SAPP LLP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 3400 CHASE TOWER 600 TRAVIS STREET		<b>Transaction ID: SA11C.18476</b>	
City State Zip Code HOUSTON TX 77002		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00117861		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<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 56 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1771 N Street NW		Transaction ID: SA11C.18440
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. <b>C</b> C00009985	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1101 King Street Suite 600		Transaction ID: SA11C.18442
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00144766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. SEARS HOLDINGS CORPORATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 3333 Beverly Road BC-113A		Transaction ID: SA11C.18583
City State Zip Code Hoffman Estates IL 60179	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00038612	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4750.00
<b>TOTAL</b> This Period (last page this line number only) .....	13750.00



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

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

FOR LINE NUMBER:  
(check only one)

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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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cliff Adams</b>		<b>Transaction ID:</b> SB17.18312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 13638 Hwy 110 S.		Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75707		
Purpose of Disbursement Storage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alltel</b>		<b>Transaction ID:</b> SB17.18590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1016 W. SW. Loop 323		Amount of Each Disbursement this Period 160.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> SB17.18388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 619616		Amount of Each Disbursement this Period 1013.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DFW Airport State TX Zip Code 75261		
Purpose of Disbursement Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1231.22
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		<b>Transaction ID:</b> SB17.18383 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P. O. Box 619616		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 DFW Airport State TX Zip Code 75261		
Purpose of Disbursement Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. A T &amp; T</b>		<b>Transaction ID:</b> SB17.18447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6
Mailing Address P O Box 630047		Amount of Each Disbursement this Period 1535.68 <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 Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lin T. Barker</b>		<b>Transaction ID:</b> SB17.18308 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 9525 Tessa Ln.		Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Flint State TX Zip Code 75762-9340		
Purpose of Disbursement Rents Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2110.68
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sandra L. Barker</b>		<b>Transaction ID:</b> SB17.18310 Date of Disbursement 10 / 15 / 2006
Mailing Address 9525 Tessa Ln		Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Flint State TX Zip Code 75762		
Purpose of Disbursement Rents Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID:</b> SB17.18632 Date of Disbursement 10 / 17 / 2006
Mailing Address 5514 S. Broadway		Amount of Each Disbursement this Period 255.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703		
Purpose of Disbursement Office Supplies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brookshire Grocery Co.</b>		<b>Transaction ID:</b> SB17.18610 Date of Disbursement 10 / 16 / 2006
Mailing Address 1600 W. SW Loop 323		Amount of Each Disbursement this Period 56.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701		
Purpose of Disbursement Office Expense Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	837.02
<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)

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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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Brookshire Grocery Co.</b>		Transaction ID: SB17.18709 Date of Disbursement 10 / 18 / 2006	
Mailing Address 1600 W. SW Loop 323		Amount of Each Disbursement this Period 27.57	
City Tyler State TX Zip Code 75701	Purpose of Disbursement Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 007		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Capital Hill Suites</b>		Transaction ID: SB17.18380 Date of Disbursement 10 / 03 / 2006	
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 706.44	
City Washington State DC Zip Code 20003	Purpose of Disbursement Hotel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Capital Hill Suites</b>		Transaction ID: SB17.18448 Date of Disbursement 10 / 08 / 2006	
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 470.96	
City Washington State DC Zip Code 20003	Purpose of Disbursement Hotel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1204.97
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17.18607 Date of Disbursement 10 / 17 / 2006
Mailing Address 209 Pennsylvania Avenue Southeast		Amount of Each Disbursement this Period 382.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Category/Type 003		

Full Name (Last, First, Middle Initial) <b>B. Chevron 0201968 Tyler</b>		<b>Transaction ID:</b> SB17.18382 Date of Disbursement 10 / 03 / 2006
Mailing Address Broadway & Rice		Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703	Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.18479 Date of Disbursement 10 / 12 / 2006
Mailing Address 4601 S. Broadway Ave		Amount of Each Disbursement this Period 436.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703	Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	856.57
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> SB17.18594 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 4601 S. Broadway Ave		Amount of Each Disbursement this Period 337.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 001		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>B. City of Tyler</b>		<b>Transaction ID:</b> SB17.18394 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 336		Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		<b>Transaction ID:</b> SB17.18387 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 1307.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77002		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 002		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1648.92
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID:</b> SB17.18389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 139004		Amount of Each Disbursement this Period 413.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75713-9004		
Purpose of Disbursement Utilities Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 001	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. C S M Mediaworks</b>		<b>Transaction ID:</b> SB17.18596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1519 West 29th Street		Amount of Each Disbursement this Period 55833.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78703		
Purpose of Disbursement Media Buy Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 004	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Cumberland Industries</b>		<b>Transaction ID:</b> SB17.18605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 206 Winchester Dr		Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701		
Purpose of Disbursement Car Wash Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 002	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	56255.93
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DFW International Airport</b>		<b>Transaction ID: SB17.18452</b>	
Mailing Address P. O. Box 619428		Date of Disbursement 10 / 08 / 2006	
City DFW Airport	State TX	Zip Code 75261-9428	Amount of Each Disbursement this Period 36.00
Purpose of Disbursement Parking	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 1	Category/ Type 002	

Full Name (Last, First, Middle Initial) <b>B. drive Insurance</b>		<b>Transaction ID: SB17.18402</b>	
Mailing Address P O Box 650201		Date of Disbursement 10 / 09 / 2006	
City Dallas	State TX	Zip Code 75265	Amount of Each Disbursement this Period 1368.50
Purpose of Disbursement Auto Insurance	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 1	Category/ Type 002	

Full Name (Last, First, Middle Initial) <b>C. East Texas Copy Systems</b>		<b>Transaction ID: SB17.18372</b>	
Mailing Address 4545 Old Jacksonville Hwy		Date of Disbursement 10 / 03 / 2006	
City Tyler	State TX	Zip Code 75703	Amount of Each Disbursement this Period 71.00
Purpose of Disbursement Copier Lease	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX	District: 1	Category/ Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1475.50</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)

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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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. El Charro</b>		Transaction ID: SB17.18458 Date of Disbursement 10 / 08 / 2006	
Mailing Address 2623 E. Fifth St.		Amount of Each Disbursement this Period 8.12	
City Tyler State TX Zip Code 75701	Purpose of Disbursement Meal Category/Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Exxon/Mobil Kilgore</b>		Transaction ID: SB17.18600 Date of Disbursement 10 / 15 / 2006	
Mailing Address 2512 US Hwy 259 N		Amount of Each Disbursement this Period 31.03	
City Kilgore State TX Zip Code 75662	Purpose of Disbursement Gasoline Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Exxon/Mobil Marshall</b>		Transaction ID: SB17.18390 Date of Disbursement 10 / 04 / 2006	
Mailing Address 1107 Carters Ferry Road		Amount of Each Disbursement this Period 36.10	
City Marshall State TX Zip Code 75670	Purpose of Disbursement Gasoline Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	75.25
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Exxon/Mobil Marshall</b>		<b>Transaction ID:</b> SB17.18455 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6
Mailing Address 1107 Carters Ferry Road		Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marshall State TX Zip Code 75670		
Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	002 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Exxon/Mobil Marshall</b>		<b>Transaction ID:</b> SB17.18606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 1107 Carters Ferry Road		Amount of Each Disbursement this Period 6.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marshall State TX Zip Code 75670		
Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	002 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Exxon/Mobil Nacogdoches</b>		<b>Transaction ID:</b> SB17.18710 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 904 S. Fredonia St.		Amount of Each Disbursement this Period 24.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nacogdoches State TX Zip Code 75964		
Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	002 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	48.30
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Exxon/Mobil Tyler</b>		<b>Transaction ID:</b> SB17.18638 <b>Date of Disbursement</b> 10 / 17 / 2006
Mailing Address 2204 E SE Loop 323		Amount of Each Disbursement this Period 22.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701	002 Category/ Type	
Purpose of Disbursement Gasoline		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Flowers by Ela</b>		<b>Transaction ID:</b> SB17.18373 <b>Date of Disbursement</b> 10 / 03 / 2006
Mailing Address 1512 E. SE Loop 323		Amount of Each Disbursement this Period 86.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701	003 Category/ Type	
Purpose of Disbursement Courtesies		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Flowers by Ela</b>		<b>Transaction ID:</b> SB17.18608 <b>Date of Disbursement</b> 10 / 17 / 2006
Mailing Address 1512 E. SE Loop 323		Amount of Each Disbursement this Period 86.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701	003 Category/ Type	
Purpose of Disbursement Courtesies		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	195.76
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kathryn A. Gohmert</b>		<b>Transaction ID: SB17.18359</b> Date of Disbursement 10 / 02 / 2006	
Mailing Address 3921 Chester Dr.		Amount of Each Disbursement this Period 2912.25	
City Tyler State TX Zip Code 75701	Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <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. Increase Strategies</b>		<b>Transaction ID: SB17.18595</b> Date of Disbursement 10 / 16 / 2006	
Mailing Address P O Box 1605		Amount of Each Disbursement this Period 1569.99	
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Events - Washington Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003 <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. Internal Revenue Service</b>		<b>Transaction ID: SB17.18374</b> Date of Disbursement 10 / 03 / 2006	
Mailing Address 1500 Pennsylvania Ave., NW		Amount of Each Disbursement this Period 1821.00	
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Taxes Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001 <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) ..... ▶	6303.24
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Kid-Jones</b>		<b>Transaction ID:</b> SB17.18453 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 6
Mailing Address 206 Hwy 31 E.		Amount of Each Disbursement this Period 21.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chandler State TX Zip Code 75758		
Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	002 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18377 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 288.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Postage Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18395 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 1456.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Postage Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1766.52
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18396 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Retainer Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18397 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 2830.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Design & Printing Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>C. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18398 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 583.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Postage Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type 003		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6913.16
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 31.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18478 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 660.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.65
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Lilly &amp; Company</b>		<b>Transaction ID:</b> SB17.18593 <b>Date of Disbursement</b> 10 / 16 / 2006
Mailing Address 1001 Congress Avenue, Ste 340		Amount of Each Disbursement this Period 268.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701	003 Category/Type	
Purpose of Disbursement Postage		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. N M A C</b>		<b>Transaction ID:</b> SB17.18370 <b>Date of Disbursement</b> 10 / 03 / 2006
Mailing Address P O Box 650679		Amount of Each Disbursement this Period 645.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265	002 Category/Type	
Purpose of Disbursement Auto Lease		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		<b>Transaction ID:</b> SB17.18450 <b>Date of Disbursement</b> 10 / 08 / 2006
Mailing Address 4329 Old Bullard Rd		Amount of Each Disbursement this Period 45.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703	001 Category/Type	
Purpose of Disbursement Office Supplies		
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>959.34</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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		<b>Transaction ID:</b> SB17.18637	
Mailing Address 4329 Old Bullard Rd		Date of Disbursement	
City Tyler State TX Zip Code 75703		10 / 17 / 2006	
Purpose of Disbursement Office Expense		Amount of Each Disbursement this Period	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		23.80	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001	
State: TX District: 1			

Full Name (Last, First, Middle Initial) <b>B. Orbitz</b>		<b>Transaction ID:</b> SB17.18391	
Mailing Address 200 South Wacker Drive		Date of Disbursement	
City Chicago State IL Zip Code 60606		10 / 04 / 2006	
Purpose of Disbursement Airline Tickets		Amount of Each Disbursement this Period	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		13.98	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002	
State: TX District: 1			

Full Name (Last, First, Middle Initial) <b>C. Order of the Rose</b>		<b>Transaction ID:</b> SB17.18361	
Mailing Address 420 Rose Park		Date of Disbursement	
City Tyler State TX Zip Code 75702		10 / 02 / 2006	
Purpose of Disbursement Tickets		Amount of Each Disbursement this Period	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		300.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001	
State: TX District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>337.78</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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Potpourri House</b>		<b>Transaction ID:</b> SB17.18365 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 3320 Troup Hwy		Amount of Each Disbursement this Period 26.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75701		
Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 003	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Phillip Smith</b>		<b>Transaction ID:</b> SB17.18360 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 14806 FM 314 N		Amount of Each Disbursement this Period 2802.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brownsboro State TX Zip Code 75756		
Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 001	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Phillip Smith</b>		<b>Transaction ID:</b> SB17.18444 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 14806 FM 314 N		Amount of Each Disbursement this Period 285.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brownsboro State TX Zip Code 75756		
Purpose of Disbursement Milage Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Category/Type 004	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3113.50
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Southside Bank</b>		<b>Transaction ID:</b> SB17.18358 Date of Disbursement 10 / 01 / 2006
Mailing Address P. O. Box 1079		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710	001 Category/ Type	
Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>B. Southside Bank</b>		<b>Transaction ID:</b> SB17.18379 Date of Disbursement 10 / 01 / 2006
Mailing Address P. O. Box 1079		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710	001 Category/ Type	
Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

Full Name (Last, First, Middle Initial) <b>C. Southside Bank</b>		<b>Transaction ID:</b> SB17.18363 Date of Disbursement 10 / 02 / 2006
Mailing Address P. O. Box 1079		Amount of Each Disbursement this Period 3.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710	001 Category/ Type	
Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23.00
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Southside Bank</b>		<b>Transaction ID:</b> SB17.18364 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 1079		Amount of Each Disbursement this Period 79.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710		
Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	001 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Southside Bank</b>		<b>Transaction ID:</b> SB17.18375 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P. O. Box 1079		Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75710		
Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	001 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Starbucks</b>		<b>Transaction ID:</b> SB17.18711 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 4925 S Broadway		Amount of Each Disbursement this Period 19.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75703		
Purpose of Disbursement Coffee Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	003 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	140.74
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Suddenlink</b>		Transaction ID: SB17.18609 Date of Disbursement 10 / 17 / 2006	
Mailing Address P O Box 139004		Amount of Each Disbursement this Period 264.55	
City Tyler State TX Zip Code 75713-9004	Purpose of Disbursement Utilities Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Super Lube</b>		Transaction ID: SB17.18599 Date of Disbursement 10 / 15 / 2006	
Mailing Address 2417 S Broadway		Amount of Each Disbursement this Period 49.90	
City Tyler State TX Zip Code 75701	Purpose of Disbursement Oil Change Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Texas Workforce Commission</b>		Transaction ID: SB17.18376 Date of Disbursement 10 / 03 / 2006	
Mailing Address P. O. Box 149037		Amount of Each Disbursement this Period 11.17	
City Austin State TX Zip Code 78714-9034	Purpose of Disbursement Unemployment Taxes Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	325.62
<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Tractor Supply</b>		<b>Transaction ID:</b> SB17.18381	
Mailing Address 3509 Robertson Road		Date of Disbursement 10 / 03 / 2006	
City Tyler	State TX	Zip Code 75701	Amount of Each Disbursement this Period 276.69
Purpose of Disbursement Stakes		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 1			

Full Name (Last, First, Middle Initial) <b>B. Tractor Supply</b>		<b>Transaction ID:</b> SB17.18449	
Mailing Address 3509 Robertson Road		Date of Disbursement 10 / 08 / 2006	
City Tyler	State TX	Zip Code 75701	Amount of Each Disbursement this Period 61.49
Purpose of Disbursement Stakes		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 1			

Full Name (Last, First, Middle Initial) <b>C. Tractor Supply</b>		<b>Transaction ID:</b> SB17.18598	
Mailing Address 3509 Robertson Road		Date of Disbursement 10 / 15 / 2006	
City Tyler	State TX	Zip Code 75701	Amount of Each Disbursement this Period 61.49
Purpose of Disbursement Stakes		004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>399.67</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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Trust Property Management</b>		<b>Transaction ID:</b> SB17.18371 Date of Disbursement
Mailing Address 1828 E SE Loop 323 Ste 310		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Tyler	State TX	Zip Code 75701
Purpose of Disbursement Rent		<input type="text" value="001"/> Category/Type
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 1	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. U S House of Representatives Gift Shop</b>		<b>Transaction ID:</b> SB17.18446 Date of Disbursement
Mailing Address Longworth House office Bldg		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20515
Purpose of Disbursement Gifts		<input type="text" value="003"/> Category/Type
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 1	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. U S Postmaster</b>		<b>Transaction ID:</b> SB17.18482 Date of Disbursement
Mailing Address 2627 S. Broadway		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Tyler	State TX	Zip Code 75701
Purpose of Disbursement Postage		<input type="text" value="001"/> Category/Type
Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 1	

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1379.83"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 81

<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)  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address 180 Washington Valley Rd.

City State Zip Code  
Bedminster NJ 07921

Purpose of Disbursement  
Telephone

Candidate Name  
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought:  House  
 Senate  
 President

State: TX District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.18591

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

80.05

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

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

80.05

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

88433.22



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

(Use separate schedule(s) for each numbered line)	PAGE 81 / 81	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 LOUIE GOHMERT FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Wm. L. (Bill) Long	Nature of Debt (Purpose): Bonus
Mailing Address 8236 Columbia Dr.	
City State ZIP Code Tyler TX 75703	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.13015</b>	
10000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	10000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	10000.00
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)	