



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

TEXANS FOR COURAGE

Report Covering the Period: From:

M M D D Y Y Y Y  
0 4 0 1 2 0 0 6

To:

M M D D Y Y Y Y  
0 6 3 0 2 0 0 6

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	68603.40	176784.98
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	68603.40	176784.98
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	60796.19	111201.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60796.19	111201.25
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	72254.77	
<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>	6671.04	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
TEXANS FOR COURAGE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

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).....

26909.00

51845.27

(ii) Unitemized.....

26269.40

72014.71

(iii) TOTAL of contributions

53178.40

123859.98

from individuals..... ▶

2000.00

2000.00

(b) Political Party Committees.....

13425.00

50925.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

68603.40

176784.98

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

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

0.00

0.00

13. LOANS

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

1060.13

6671.04

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

1060.13

6671.04

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

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

0.00

0.00

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

0.00

0.00

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

69663.53

183456.02

**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.....	60796.19	111201.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	60796.19	111201.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	63387.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	69663.53
25. SUBTOTAL (add Line 23 and Line 24).....	133050.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60796.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	72254.77

**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 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Tommy Adkisson

Mailing Address 2933 E. Southcross

City San Antonio State TX Zip Code 78223

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: SA11A1.6619

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Eva K. Andries

Mailing Address 5209 Cloudcroft Drive

City Austin State TX Zip Code 78749

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

Name of Employer n/a Occupation retired lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2006

Transaction ID: SA11A1.7235

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 5705 Scout Island Cove

City Austin State TX Zip Code 78731

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: SA11A1.6630

Amount of Each Receipt this Period  
500.00

GENERAL 2006 INDIV CONTRIB

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 6 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 9205 NE 143rd Place

City Bothell State WA Zip Code 98011

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

Name of Employer Certified CM Services Occupation Construction Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

Transaction ID: SA11A1.7311

Amount of Each Receipt this Period  
164.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
J. Cary Barton

Mailing Address 700 N. St Mary's Ste 1825

City San Antonio State TX Zip Code 78205

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

Name of Employer self Occupation lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2006

Transaction ID: SA11A1.6635

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 329-B West William Cannon

City Austin State TX Zip Code 78745

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

Transaction ID: SA11A1.6638

Amount of Each Receipt this Period  
200.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>614.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address P.O. Box 216

City State Zip Code  
Leander TX 78646-0216

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

Name of Employer Occupation  
MegaPath Networks Business Analyst

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  
0 6 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.6640

Amount of Each Receipt this Period  
500.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Sally Bolster

Mailing Address 14359 Markham Ln

City State Zip Code  
San Antonio TX 78247

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

Name of Employer Occupation  
retired retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

230.00

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

Transaction ID: SA11A1.8028

Amount of Each Receipt this Period  
30.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 202 Bushnell

City State Zip Code  
San Antonio TX 78212

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 ▼

3000.00

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

Transaction ID: SA11A1.6889

Amount of Each Receipt this Period  
1000.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1530.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A.</b> John Brown		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address 12803 Topper Ln		Transaction ID: SA11A1.7300	
City Manchaca	State TX	Zip Code 78652	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		GENERAL 2006 INDIV CONTRIB	
Name of Employer self	Occupation investor	<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 ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> George Burton		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006	
Mailing Address 804 Elizabeth St.		Transaction ID: SA11A1.6658	
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		GENERAL 2006 INDIV CONTRIB	
Name of Employer Airgas, Inc	Occupation 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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Marla Camp		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006	
Mailing Address 1415 Newning Ave.		Transaction ID: SA11A1.6660	
City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		GENERAL 2006 INDIV CONTRIB	
Name of Employer self	Occupation graphic artist	<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 ▼ 290.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<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 9 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A.</b> Marla Camp		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2006	
Mailing Address 1415 Newning Ave.		Transaction ID: SA11A1.7385	
City Austin	State TX	Amount of Each Receipt this Period 10.00	
Zip Code 78704		GENERAL 2006 INDIV CONTRIB	
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 graphic artist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Marla Camp		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2006	
Mailing Address 1415 Newning Ave.		Transaction ID: SA11A1.7406	
City Austin	State TX	Amount of Each Receipt this Period 10.00	
Zip Code 78704		GENERAL 2006 INDIV CONTRIB	
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 graphic artist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Marla Camp		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 1415 Newning Ave.		Transaction ID: SA11A1.7423	
City Austin	State TX	Amount of Each Receipt this Period 10.00	
Zip Code 78704		GENERAL 2006 INDIV CONTRIB	
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 graphic artist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	30.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 12727 Vista Del Norte Apt 1303

City San Antonio State TX Zip Code 78216

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2006

Transaction ID: SA11A1.6687

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Ann Cox

Mailing Address 12727 Vista Del Norte Apt 1303

City San Antonio State TX Zip Code 78216

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2006

Transaction ID: SA11A1.6688

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 80 Granburg Circle

City San Antonio State TX Zip Code 78218

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2006

Transaction ID: SA11A1.6689

Amount of Each Receipt this Period  
 100.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Glenn W Cunningham

Mailing Address 115 East Travis St.  
Suite 105

City San Antonio State TX Zip Code 78205

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

Name of Employer Law Offices of Glenn W Cunningham  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.7275

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Tom Daniels

Mailing Address 626 Larkwood Dr.

City San Antonio State TX Zip Code 78209

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

Name of Employer Rolls Royce Limosine  
Occupation Limo operator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.6690

Amount of Each Receipt this Period  
125.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4900 Broadway  
Suite 400

City San Antonio State TX Zip Code 78209

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

Name of Employer self  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA11A1.7279

Amount of Each Receipt this Period  
500.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **875.00**

**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 12 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Madeleine Dewar</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2006	
Mailing Address 1027 West Rosewood		Transaction ID: SA11A1.6700	
City San Antonio	State TX	Amount of Each Receipt this Period 160.00	
Zip Code 78201		GENERAL 2006 INDIV CONTRIB	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Dewar</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 1027 West Rosewood		Transaction ID: SA11A1.7408	
City San Antonio	State TX	Amount of Each Receipt this Period 10.00	
Zip Code 78201		GENERAL 2006 INDIV CONTRIB	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 290.00		

Full Name (Last, First, Middle Initial) <b>C. Madeleine Dewar</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2006	
Mailing Address 1027 West Rosewood		Transaction ID: SA11A1.7425	
City San Antonio	State TX	Amount of Each Receipt this Period 10.00	
Zip Code 78201		GENERAL 2006 INDIV CONTRIB	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	180.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 3901 Balcones Dr.

City Austin State TX Zip Code 78731

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

Name of Employer Taylor, Dunham and Burges-s, L.L.P. Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
05 / 25 / 2006

Transaction ID: SA11A1.7281

Amount of Each Receipt this Period  
1000.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 3207 China Grove

City Austin State TX Zip Code 78745

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

Name of Employer Commercial Video Systems Occupation technician

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
04 / 13 / 2006

Transaction ID: SA11A1.7183

Amount of Each Receipt this Period  
50.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 3207 China Grove

City Austin State TX Zip Code 78745

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

Name of Employer Commercial Video Systems Occupation technician

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

325.00

Date of Receipt  
04 / 18 / 2006

Transaction ID: SA11A1.7388

Amount of Each Receipt this Period  
25.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1075.00
<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 14 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 3207 China Grove

City State Zip Code  
Austin TX 78745

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

Name of Employer Commercial Video Systems Occupation technician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

Transaction ID: SA11A1.7229

Amount of Each Receipt this Period  
25.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 3207 China Grove

City State Zip Code  
Austin TX 78745

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

Name of Employer Commercial Video Systems Occupation technician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.7409

Amount of Each Receipt this Period  
25.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 3105 Pleasant Run Place

City State Zip Code  
Austin TX 78703-1152

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

Name of Employer self Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: SA11A1.6718

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Shudde Fath

Mailing Address 1005 Bluebonnet

City Austin State TX Zip Code 78704

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2006

Transaction ID: SA11A1.6721

Amount of Each Receipt this Period  
 200.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 152 Sirona Way

City Spring Branch State TX Zip Code 78070

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2006

Transaction ID: SA11A1.6727

Amount of Each Receipt this Period  
 300.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 1300 Alta Vista Avenue

City Austin State TX Zip Code 78704

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

Name of Employer HenderLaw, PC Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2006

Transaction ID: SA11A1.7293

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 16 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A.</b> John Friedrich		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2006	
Mailing Address 15023 Mineral Spring		Transaction ID: SA11A1.6736	
City San Antonio	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 78247		GENERAL 2006 INDIV CONTRIB	
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 MITI	Occupation Director		
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> Deanna Frisk		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2006	
Mailing Address 1740 Sorrel Creek Dr.		Transaction ID: SA11A1.6737	
City Canyon Lake	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78133		GENERAL 2006 INDIV CONTRIB	
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 homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Deanna Frisk		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006	
Mailing Address 1740 Sorrel Creek Dr.		Transaction ID: SA11A1.6738	
City Canyon Lake	State TX	Amount of Each Receipt this Period 15.00	
Zip Code 78133		GENERAL 2006 INDIV CONTRIB	
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 homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<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 17 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Elinor Froemsdorf

Mailing Address 9862 Lorene Ln, #110

City San Antonio State TX Zip Code 78216

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

Name of Employer self Occupation financial advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 21 / 2006

Transaction ID: SA11A1.7312

Amount of Each Receipt this Period  
 100.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
James Furman

Mailing Address 707 W. 34th St.

City Austin State TX Zip Code 78705

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

Name of Employer Byrd, Davis & Furman Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2006

Transaction ID: SA11A1.7197

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**C.** Full Name (Last, First, Middle Initial)  
R. James George Jr.

Mailing Address 2501 Stratford

City Austin State TX Zip Code 78746

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

Name of Employer George & Beothers LLP Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2006

Transaction ID: SA11A1.6749

Amount of Each Receipt this Period  
 1000.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 18 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Bryan W Gerard

Mailing Address 6435 Crestway Lot #58

City San Antonio State TX Zip Code 78239

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

Name of Employer Harcourt Assessment Occupation Programmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6750

Amount of Each Receipt this Period  
 20.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Bryan W Gerard

Mailing Address 6435 Crestway Lot #58

City San Antonio State TX Zip Code 78239

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

Name of Employer Harcourt Assessment Occupation Programmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 290.00

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

Transaction ID: SA11A1.6751

Amount of Each Receipt this Period  
 20.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 808 Stonetrail Dr

City Plano State TX Zip Code 75023-7108

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

Name of Employer CVS, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.7392

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00

**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 / 95
	<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)  
TEXANS FOR COURAGE

<b>A.</b> Full Name (Last, First, Middle Initial) Morton Graham		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 808 Stonetrail Dr		<b>Transaction ID:</b> SA11A1.7413	
City State Zip Code Plano TX 75023-7108	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer CVS, Inc.	Occupation President		
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) Morton Graham		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 808 Stonetrail Dr		<b>Transaction ID:</b> SA11A1.7429	
City State Zip Code Plano TX 75023-7108	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer CVS, Inc.	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

<b>C.</b> Full Name (Last, First, Middle Initial) James Hargrove		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6	
Mailing Address 6100 Bend O River Dr		<b>Transaction ID:</b> SA11A1.7154	
City State Zip Code Austin TX 78746-7201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer N/A	Occupation Homemaker		
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) .....	350.00
<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 20 / 95
	<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)  
**TEXANS FOR COURAGE**

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth W Hayes		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 500 E Riverside Dr #258		<b>Transaction ID:</b> SA11A1.7273	
City Austin State TX Zip Code 78704-1343	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer Relativity Technologies Occupation consultant	<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 ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Forest Hill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6	
Mailing Address 4100 Jackson Ave #311		<b>Transaction ID:</b> SA11A1.6784	
City Austin State TX Zip Code 78731-0006	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer retired Occupation retired		<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 ▼ 650.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jim Jameson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 3936 Grayling Lane		<b>Transaction ID:</b> SA11A1.6797	
City Round Rock State TX Zip Code 78681	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer Law offices of James Jameson 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 ▼ 500.00		

<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 21 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Terry F. Kenyon

Mailing Address 4913 Rollingwood Drive

City State Zip Code  
Austin TX 78746

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

Name of Employer Kenyon & Sproull, P.C. Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2006

Transaction ID: SA11A1.7176

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4025 38th Place N.

City State Zip Code  
Arlington TX 22207

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

Name of Employer Klass International Occupation Conlultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2006

Transaction ID: SA11A1.6811

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 6601 Walebridge Lane

City State Zip Code  
Austin TX 78739

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

Name of Employer Stubbs Leg. Kitchen Occupation Business Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: SA11A1.7339

Amount of Each Receipt this Period  
50.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**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 22 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Ira Kurzban

Mailing Address 2650 SW 27th Ave 2nd Floor

City State Zip Code  
Miami FL 33133

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

Name of Employer Self Occupation  
Attorney

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  
06 / 22 / 2006

Transaction ID: SA11A1.6817

Amount of Each Receipt this Period  
1000.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Rosemary Leonard

Mailing Address 230 Windcrest DR.

City State Zip Code  
San Antonio TX 78239-1964

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

Name of Employer St. of TX Occupation  
Senate Aide

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  
05 / 26 / 2006

Transaction ID: SA11A1.7119

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 8105 Rancho Ridge Cove

City State Zip Code  
Austin TX 78735

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

Name of Employer Self Occupation  
Consultant

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  
04 / 02 / 2006

Transaction ID: SA11A1.6830

Amount of Each Receipt this Period  
1000.00

GENERAL 2006 INDIV CONTRIB

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

<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: (check only one)	PAGE 23 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 4001 Eagles Landing Cv

City Austin State TX Zip Code 78735

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

Name of Employer self Occupation real estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.6837

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Amy Lowrey

Mailing Address 1502 Newning Avenue

City Austin State TX Zip Code 78704

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

Name of Employer self Occupation writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: SA11A1.7343

Amount of Each Receipt this Period  
200.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 120 Villita

City San Antonio State TX Zip Code 78205

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

Name of Employer Lyons & Rhodes Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.6843

Amount of Each Receipt this Period  
1000.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 24 / 95
	<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)  
**TEXANS FOR COURAGE**

Full Name (Last, First, Middle Initial) <b>A. Terry Lyssy</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	7		2	0	0	6													
Mailing Address <b>201 FM 2673 No 2</b>		<b>Transaction ID: SA11A1.6845</b>																				
City <b>Canyon Lake</b>	State <b>TX</b>	Zip Code <b>78133</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>																				
Name of Employer None	Occupation None	<b>GENERAL 2006 INDIV CONTRIB</b>																				
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				

Full Name (Last, First, Middle Initial) <b>B. Marynell Maloney</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	7		2	0	0	6													
Mailing Address <b>115 E. Travis 2000</b>		<b>Transaction ID: SA11A1.6849</b>																				
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78205</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>																				
Name of Employer Self	Occupation Attorney	<b>GENERAL 2006 INDIV CONTRIB</b>																				
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				

Full Name (Last, First, Middle Initial) <b>C. Robert Mays Jr.</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	6													
Mailing Address <b>The Titan Building, Ste 675, 2700</b>		<b>Transaction ID: SA11A1.6874</b>																				
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78217</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>																				
Name of Employer Self	Occupation Attorney	<b>GENERAL 2006 INDIV CONTRIB</b>																				
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</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 25 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Anne McAfee

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.6876

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Anne McAfee

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.6877

Amount of Each Receipt this Period  
 25.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.6879

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Anne McAfee

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: SA11A1.6880

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Anne McAfee

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

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

Transaction ID: SA11A1.6883

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 675.00

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

Transaction ID: SA11A1.6884

Amount of Each Receipt this Period  
 25.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**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 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.6875

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Bill McAfee

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.6881

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4831 Timberline Dr.

City Austin State TX Zip Code 78746

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: SA11A1.6882

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 28 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 10463 Sprinkle Rd

City State Zip Code  
Austin TX 78754

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

Name of Employer  
Barr Mansion & the Artisan Ballroom

Occupation  
event facility operator/caterer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

**Transaction ID:** SA11A1.6878

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
William McClatchy

Mailing Address 1325 Ink Grade rd.,

City State Zip Code  
Pope Valley CA 94567

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

Name of Employer  
retired architect

Occupation  
retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2006

**Transaction ID:** SA11A1.7402

Amount of Each Receipt this Period  
25.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 1325 Ink Grade rd.,

City State Zip Code  
Pope Valley CA 94567

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

Name of Employer  
retired architect

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  
06 / 29 / 2006

**Transaction ID:** SA11A1.7420

Amount of Each Receipt this Period  
25.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 95
	<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)  
TEXANS FOR COURAGE

<b>A.</b> Full Name (Last, First, Middle Initial) Lou McCreary Mailing Address 8140 N. Mopac Ste 120 Bldg II City Austin State TX Zip Code 78759 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.6893 Amount of Each Receipt this Period 250.00 GENERAL 2006 INDIV CONTRIB <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self 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	

<b>B.</b> Full Name (Last, First, Middle Initial) Kerry McGrath Mailing Address 2102 Headwater Ln City Austin State TX Zip Code 78746 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7439 Amount of Each Receipt this Period 50.00 GENERAL 2006 INDIV CONTRIB <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Clark, Thomas & Winters 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	

<b>C.</b> Full Name (Last, First, Middle Initial) Kerry McGrath Mailing Address 2102 Headwater Ln City Austin State TX Zip Code 78746 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7320 Amount of Each Receipt this Period 100.00 GENERAL 2006 INDIV CONTRIB <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Clark, Thomas & Winters Occupation attorney 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) .....	<b>400.00</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 30 / 95
	<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)  
TEXANS FOR COURAGE

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Meads Mailing Address 4458 Brushy Hill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7325
City State Zip Code San Antonio TX 78217		Amount of Each Receipt this Period 100.00 GENERAL 2006 INDIV CONTRIB
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 CPS Energy	Occupation Project Leader	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 390.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Josephine Merck Mailing Address 171 Cat Rock Rd		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7121
City State Zip Code Cos Cob CT 06807		Amount of Each Receipt this Period 500.00 GENERAL 2006 INDIV CONTRIB
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 none	Occupation none	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Blake Mitchell Mailing Address 2001 Goodrich Ave		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.7291
City State Zip Code Austin TX 78704		Amount of Each Receipt this Period 30.00 GENERAL 2006 INDIV CONTRIB
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 Morgan Printing	Occupation Graphic Artist	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	630.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A.</b> Joy Morgan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 1942 Broken Oak		Transaction ID: SA11A1.6913	
City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	GENERAL 2006 INDIV CONTRIB		
Name of Employer Retired Occupation Retired	<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> Joy Morgan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 1942 Broken Oak		Transaction ID: SA11A1.6916	
City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	GENERAL 2006 INDIV CONTRIB		
Name of Employer Retired Occupation Retired	<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 ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara Moschner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 4606 Green Acres Woods		Transaction ID: SA11A1.7200	
City State Zip Code San Antonio TX 78249-1442	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	GENERAL 2006 INDIV CONTRIB		
Name of Employer Retired Occupation accountant	<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 ▼ 245.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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 32 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Barbara Moschner

Mailing Address 4606 Green Acres Woods

City San Antonio State TX Zip Code 78249-1442

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

Name of Employer Retired Occupation accountant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

Transaction ID: SA11A1.7298

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Kelly Musselman

Mailing Address 904 Friendship Lane

City Fredericksburg State TX Zip Code 78624

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

Name of Employer self Occupation writer/student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2006

Transaction ID: SA11A1.6920

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 904 Friendship Lane

City Fredericksburg State TX Zip Code 78624

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

Name of Employer self Occupation writer/student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2006

Transaction ID: SA11A1.8039

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>300.00</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 33 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 904 Friendship Lane

City State Zip Code  
Fredericksburg TX 78624-5601

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

Name of Employer Occupation  
Fredericksburg Indep Teacher

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

270.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.8300

Amount of Each Receipt this Period  
20.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 904 Friendship Lane

City State Zip Code  
Fredericksburg TX 78624-5601

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

Name of Employer Occupation  
Fredericksburg Indep Teacher

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

370.00

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

Transaction ID: SA11A1.7219

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 115 Travis St. Ste 1530

City State Zip Code  
San Antonio TX 78205

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

Name of Employer Occupation  
self attorney

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.6936

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **370.00**

**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 34 / 95
	<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)  
TEXANS FOR COURAGE

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

Mailing Address 1801 Lavaca St. Apt 6H

City Austin State TX Zip Code 78701-1306

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

Name of Employer retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: SA11A1.6937

Amount of Each Receipt this Period  
100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 135 Arrowhead

City San Antonio State TX Zip Code 78228

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

Name of Employer none Occupation none

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6939

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**C.** Full Name (Last, First, Middle Initial)  
shelley palmer-fettig

Mailing Address 11100 mountain top circle

City jonestown State TX Zip Code 78645

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

Name of Employer Dell Occupation solutions architect

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

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

Transaction ID: SA11A1.6945

Amount of Each Receipt this Period  
500.00

GENERAL 2006 INDIV CONTRIB

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 35 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
William Patman

Mailing Address 1601 Rio Grande #450

City Austin State TX Zip Code 78701

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11A1.6955

Amount of Each Receipt this Period  
 500.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
David Peery

Mailing Address 5822 West IH-10

City San Antonio State TX Zip Code 78201

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

Name of Employer Tyler & Peery Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.7141

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 11308 Naples Cove

City Austin State TX Zip Code 78739-2058

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 280.00

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

Transaction ID: SA11A1.7290

Amount of Each Receipt this Period  
 80.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **830.00**

**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 36 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Vic Putman

Mailing Address 1214 Arizona Ash

City San Antonio State TX Zip Code 78232

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

Name of Employer self Occupation lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6972

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Roderick Regan

Mailing Address 738 Mesa Ridge

City San Antonio State TX Zip Code 78258

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

Name of Employer Cox Smith Matthews Occupation Office worker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.7265

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 1104 Wayside Dr.

City Austin State TX Zip Code 78703

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6976

Amount of Each Receipt this Period  
 200.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 37 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Paul Ruiz

Mailing Address 309 Cumberland Rd

City Austin State TX Zip Code 78704

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

Name of Employer Clark, Thomas, Winters Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.6990

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Virginia Koch Schilz

Mailing Address 3616 Claburn Dr.

City Austin State TX Zip Code 78759

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: SA11A1.7000

Amount of Each Receipt this Period  
 100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 7950 Anderson Sq

City Austin State TX Zip Code 78757-8400

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

Name of Employer Self Occupation catering

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.8271

Amount of Each Receipt this Period  
 1200.00

In-kind - part of dinner at rndrsng even

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 38 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Patrick Sheehan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2006	
Mailing Address 16422 Axis Trail		Transaction ID: SA11A1.7009	
City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer Hornberger Sheehan Fuller & Beiter	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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Kathy Sheridan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2006	
Mailing Address 11501 Braesview #901		Transaction ID: SA11A1.7011	
City State Zip Code San Antonio TX 78213	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer Retired	Occupation Retired	<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 ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C. Kathy Sheridan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 11501 Braesview #901		Transaction ID: SA11A1.7012	
City State Zip Code San Antonio TX 78213	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		GENERAL 2006 INDIV CONTRIB	
Name of Employer Retired	Occupation Retired	<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 ▼ 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<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 39 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Barry Snell

Mailing Address 321 Cardinal

City San Antonio State TX Zip Code 78209

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.7027

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Jean Stenger

Mailing Address 2 Surgar Creek Dr.

City Austin State TX Zip Code 78746

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

Name of Employer retired Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

**Transaction ID:** SA11A1.8065

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)  
Matthew Trevena

Mailing Address 4618 Madrona

City Austin State TX Zip Code 78731

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

Name of Employer Self Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.7063

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 95
	<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)  
**TEXANS FOR COURAGE**

Full Name (Last, First, Middle Initial) <b>A. Zada True-Courage</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 1938 Broken Oak St.		<b>Transaction ID: SA11A1.7150</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78232</b>	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>GENERAL 2006 INDIV CONTRIB</b>	
Name of Employer <b>USAA</b>	Occupation <b>Treasury management Advisor</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1599.77		

Full Name (Last, First, Middle Initial) <b>B. Zada True-Courage</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1938 Broken Oak St.		<b>Transaction ID: SA11A1.7189</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78232</b>	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>GENERAL 2006 INDIV CONTRIB</b>	
Name of Employer <b>USAA</b>	Occupation <b>Treasury management Advisor</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1609.77		

Full Name (Last, First, Middle Initial) <b>C. Zada True-Courage</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6	
Mailing Address 1938 Broken Oak St.		<b>Transaction ID: SA11A1.7308</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78232</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<b>GENERAL 2006 INDIV CONTRIB</b>	
Name of Employer <b>USAA</b>	Occupation <b>Treasury management Advisor</b>		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2109.77		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<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 41 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Betty Vance

Mailing Address 224 Sunway Dr.

City San Antonio State TX Zip Code 78232

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

Name of Employer self employed Occupation Jeweler

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  
 04 / 02 / 2006

Transaction ID: SA11A1.7396

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Betty Vance

Mailing Address 224 Sunway Dr.

City San Antonio State TX Zip Code 78232

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

Name of Employer self employed Occupation Jeweler

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  
 05 / 02 / 2006

Transaction ID: SA11A1.7416

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 224 Sunway Dr.

City San Antonio State TX Zip Code 78232

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

Name of Employer self employed Occupation Jeweler

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 02 / 2006

Transaction ID: SA11A1.7432

Amount of Each Receipt this Period  
 50.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Stephen Van Gaasbeck

Mailing Address 19815 Helotes Creek

City State Zip Code  
Helotes TX 78023

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

Name of Employer self Occupation attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.7071

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Rachel Van Os

Mailing Address 822 Burr

City State Zip Code  
San Antonio TX 78209

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

Name of Employer Law Offices of David Van Os Occupation Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.8265

Amount of Each Receipt this Period  
250.00

In-kind - rent for SA office

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

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

Mailing Address 4710 Sinclair Avenue

City State Zip Code  
Austin TX 78756

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

Name of Employer Thompson & Knight LLP Occupation Legal administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 980.20

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

Transaction ID: SA11A1.7340

Amount of Each Receipt this Period  
50.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</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 43 / 95
	<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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
Barbara Wake

Mailing Address 3510 Kirby Dr.

City San Antonio State TX Zip Code 78219

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2006

Transaction ID: SA11A1.7076

Amount of Each Receipt this Period  
 100.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Phineas Washer

Mailing Address 14802 Dancers Image

City San Antonio State TX Zip Code 78248-0909

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

Name of Employer retired Occupation Minister

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2006

Transaction ID: SA11A1.7083

Amount of Each Receipt this Period  
 100.00

GENERAL 2006 INDIV CONTRIB

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

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

Mailing Address 4428 Gillis St

City Austin State TX Zip Code 78745

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

Name of Employer Armadillo Christmas Bazaar Occupation Owner/producer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2006

Transaction ID: SA11A1.7095

Amount of Each Receipt this Period  
 250.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 95
	(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)  
TEXANS FOR COURAGE

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

Mailing Address 4300 Reynosa

City State Zip Code  
Austin TX 78739

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

Name of Employer Occupation  
HostBridge Technology Marketing

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: SA11A1.7101

Amount of Each Receipt this Period  
200.00

GENERAL 2006 INDIV CONTRIB

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

**B.** Full Name (Last, First, Middle Initial)  
Bryan Woods

Mailing Address 8626 Tesoro Dr. #500

City State Zip Code  
San Antonio TX 78217

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

Transaction ID: SA11A1.7109

Amount of Each Receipt this Period  
250.00

GENERAL 2006 INDIV CONTRIB

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	26909.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 95
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) TEXANS FOR COURAGE
---

Full Name (Last, First, Middle Initial) A. TEXAS DEMOCRATIC PARTY	
Mailing Address 707 Rio Grande Street	
City Austin	State Zip Code TX 78701
FEC ID number of contributing federal political committee. <b>C</b> C00099267	
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 ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2006
Transaction ID: SA11B.8312
Amount of Each Receipt this Period 2000.00
In-kind - Gave VAN Access <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	2000.00

**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 46 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006
Mailing Address 101 Constitution Ave NW Tenth Floor West		Transaction ID: SA11C.7137
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001016		General Contribution 2006 <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. DEMOCRACY FOR AMERICA</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2006
Mailing Address PO Box 8313 SUITE 300		Transaction ID: SA11C.8314
City Burlington State VT Zip Code 05402	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b> C00370007		In-kind - Credit card processing setup <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 ▼ 5175.00	

Full Name (Last, First, Middle Initial) <b>C. FORWARD TOGETHER PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 201 North Union St. Suite 350		Transaction ID: SA11C.8268
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00412791		General Contribution 2006 <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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10175.00
<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 47 / 95
	<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. NATIONAL EDUCATION ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 1201 16TH ST NW		Transaction ID: SA11C.7144	
City WASHINGTON      State DC      Zip Code 20036	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C70002209		General Contribution 2006 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. PROJECT 90 PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address PO BOX 26259		Transaction ID: SA11C.8318	
City BALTI MORE      State MD      Zip Code 21210	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b> C00402644		general contrib <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. SECUREUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address PO Box 96		Transaction ID: SA11C.7138	
City Torrance      State CA      Zip Code 90507	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00411538		General Contribution 2006 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	13425.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 95
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" 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)  
TEXANS FOR COURAGE

**A.** Full Name (Last, First, Middle Initial)  
JOHN KENNETH COURAGE

Mailing Address 1938 BROKEN OAK ST

City State Zip Code  
SAN ANTONIO TX 78232

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5683.54

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: SA13A.7729

Amount of Each Receipt this Period  
72.63

Interest accrued from 4/1-  
/06-6/30/06  
 Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
JOHN KENNETH COURAGE

Mailing Address 1938 BROKEN OAK ST

City State Zip Code  
SAN ANTONIO TX 78232

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6671.04

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: SA13A.8282

Amount of Each Receipt this Period  
987.50

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1060.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1060.13</b>



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 95

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. 2 DINE 4 FINE CATERING</b>		<b>Transaction ID: SB17.7528</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 7950 Anderson Sq		Amount of Each Disbursement this Period 1638.36
City Austin State TX Zip Code 78757-8400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food-Courage-Feingold fundraising event		Category/ Type
Candidate Name		
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. Meredith Adams</b>		<b>Transaction ID: SB17.7633</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1009 Howe Drive		Amount of Each Disbursement this Period 500.00
City College Station State TX Zip Code 77845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Communications consultant		Category/ Type
Candidate Name		
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>C. Meredith Adams</b>		<b>Transaction ID: SB17.7634</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1009 Howe Drive		Amount of Each Disbursement this Period 23.00
City College Station State TX Zip Code 77845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb-cost 4 blockwalk maps pd 4 campgn		Category/ Type
Candidate Name		
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) ..... ▶	<b>2161.36</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)

PAGE 50 / 95

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. AMERICAN IMMIGRATION LAWYERS ASSOC</b>		<b>Transaction ID:</b> SB17.7536 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 918 F Street NW		Amount of Each Disbursement this Period 972.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20004-1400	Purpose of Disbursement Booth at AILA convention in SA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. AUSTIN CHRONICLE CORP</b>		<b>Transaction ID:</b> SB17.7544 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 49066		Amount of Each Disbursement this Period 1295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin	State TX	
Zip Code 78765	Purpose of Disbursement Advertise-Courage-Feingold frndrsng evnt	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		<b>Transaction ID:</b> SB17.7548 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 125 NW Loop 410		Amount of Each Disbursement this Period 415.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio	State TX	
Zip Code 78216	Purpose of Disbursement Comp purch @1,215, Lawrie gave cmpgn 800	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006	State: District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2683.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. BEXAR COUNTY</b>		<b>Transaction ID:</b> SB17.7550 Date of Disbursement 05 / 22 / 2006
Mailing Address 100 Dolores		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City san Antonio	State TX	
Zip Code 78205	Category/Type	
Purpose of Disbursement Voter History Reports Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Card Service International</b>		<b>Transaction ID:</b> SB17.7552 Date of Disbursement 04 / 04 / 2006
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 74.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley	State CA	
Zip Code 93062	Category/Type	
Purpose of Disbursement Credit card contribution fees Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Card Service International</b>		<b>Transaction ID:</b> SB17.7553 Date of Disbursement 05 / 04 / 2006
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 98.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley	State CA	
Zip Code 93062	Category/Type	
Purpose of Disbursement Credit card contribution fees Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	522.81
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Card Service International</b>		<b>Transaction ID:</b> SB17.7554	
Mailing Address PO Box 5180		Date of Disbursement 06 / 05 / 2006	
City Simi Valley	State CA	Zip Code 93062	Amount of Each Disbursement this Period 58.15
Purpose of Disbursement Credit card contribution fees		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. Card Service International</b>		<b>Transaction ID:</b> SB17.7555	
Mailing Address PO Box 5180		Date of Disbursement 06 / 05 / 2006	
City Simi Valley	State CA	Zip Code 93062	Amount of Each Disbursement this Period 31.28
Purpose of Disbursement Credit card contribution fees		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. Card Service International</b>		<b>Transaction ID:</b> SB17.8293	
Mailing Address PO Box 5180		Date of Disbursement 06 / 30 / 2006	
City Simi Valley	State CA	Zip Code 93062	Amount of Each Disbursement this Period 365.59
Purpose of Disbursement Credit card contribution fees		012 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name TEXANS FOR COURAGE			
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: 21			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>455.02</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)

PAGE 53 / 95

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Card Service International</b>		<b>Transaction ID:</b> SB17.8295 Date of Disbursement
Mailing Address PO Box 5180		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Simi Valley	State CA	Zip Code 93062
Purpose of Disbursement Credit card contribution fees		<input type="text" value="012"/> Category/ Type
Candidate Name TEXANS FOR COURAGE		<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: 21		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		<b>Transaction ID:</b> SB17.8278 Date of Disbursement
Mailing Address 117 Kendrick St Suite 400		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Needham	State ME	Zip Code 02494
Purpose of Disbursement Monthly internet newsletter service		<input type="text" value="004"/> Category/ Type
Candidate Name TEXANS FOR COURAGE		<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: 21		

Full Name (Last, First, Middle Initial) <b>C. Constant Contact</b>		<b>Transaction ID:</b> SB17.8279 Date of Disbursement
Mailing Address 117 Kendrick St Suite 400		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Needham	State ME	Zip Code 02494
Purpose of Disbursement Monthly internet newsletter service		<input type="text" value="004"/> Category/ Type
Candidate Name TEXANS FOR COURAGE		<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: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="141.55"/>
<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)

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		<b>Transaction ID:</b> SB17.8280 Date of Disbursement 06 / 30 / 2006
Mailing Address 117 Kendrick St Suite 400		Amount of Each Disbursement this Period 55.00
City Needham State ME Zip Code 02494	Purpose of Disbursement Monthly internet newsletter service Candidate Name TEXANS FOR COURAGE Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>		<b>Transaction ID:</b> SB17.7559 Date of Disbursement 06 / 05 / 2006
Mailing Address 1201 N. FM 1604 East		Amount of Each Disbursement this Period 302.74
City San Antonio State TX Zip Code 78232	Purpose of Disbursement Purchase of printer for SA office use 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) ▼	<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. Delta Airlines</b>		<b>Transaction ID:</b> SB17.7561 Date of Disbursement 04 / 03 / 2006
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 365.60
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Airline tickets for Washington trip 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) ▼	<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) ..... ▶	723.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 55 / 95

<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)  
TEXANS FOR COURAGE

<b>A. Delta Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 20706 City Atlanta State GA Zip Code 30320 Purpose of Disbursement Airline tickets for Washington trip Candidate Name 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>Transaction ID: SB17.7562</b> Date of Disbursement 04 / 03 / 2006 Amount of Each Disbursement this Period 365.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. DEMOCRACY FOR AMERICA</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 8313 SUITE 300 City Burlington State VT Zip Code 05402 Purpose of Disbursement In-kind - Credit card processing setup Candidate Name 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>Transaction ID: SB17.8315</b> Date of Disbursement 05 / 01 / 2006 Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>C. DEMOCRACY FOR TEXAS</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 300981 City Austin State TX Zip Code 78703 Purpose of Disbursement Fundraising Service setup Candidate Name 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>Transaction ID: SB17.7714</b> Date of Disbursement 05 / 12 / 2006 Amount of Each Disbursement this Period 487.00 <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) ..... ▶	1027.60
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. DEMOCRACY FOR TEXAS</b>		<b>Transaction ID:</b> SB17.7715 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 300981		Amount of Each Disbursement this Period 79.00
City Austin State TX Zip Code 78703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising service monthly subscription 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. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7615 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 120.76
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb - office supply purch for campaign 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>C. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7617 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 252.39
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb - office supply purch for campaign 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) ..... ▶	<b>452.15</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7620 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 150.00
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb for phone deposit pd for campaign		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7616 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 241.61
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb - office supply purch for campaign		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7619 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 155.00
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb - office supply purch for campaign		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

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

546.61

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7614 Date of Disbursement 06 / 05 / 2006
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 61.31
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food for blockwalkers	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Madeleine Dewar</b>		<b>Transaction ID:</b> SB17.7618 Date of Disbursement 06 / 13 / 2006
Mailing Address 1027 West Rosewood		Amount of Each Disbursement this Period 156.48
City San Antonio State TX Zip Code 78201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb - office supply purch for campaign	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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>C. Meghan Gaffney</b>		<b>Transaction ID:</b> SB17.7631 Date of Disbursement 05 / 24 / 2006
Mailing Address 770 Fifth Street, NW #1214		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraiser consultant	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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) ..... ▶	<b>3717.79</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Matt Glazer</b>		<b>Transaction ID:</b> SB17.7626 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 12701 West Ave 1526		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78216	Purpose of Disbursement Field Consultant Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Matt Glazer</b>		<b>Transaction ID:</b> SB17.7627 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 12701 West Ave 1526		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78216	Purpose of Disbursement Field Consultant Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Matt Glazer</b>		<b>Transaction ID:</b> SB17.7629 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 12701 West Ave 1526		Amount of Each Disbursement this Period 17.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78216	Purpose of Disbursement reimb-cost 4 blockwalk maps pd 4 campgn Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2017.19</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Matt Glazer</b>		<b>Transaction ID:</b> SB17.7628 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 12701 West Ave 1526		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78216	Purpose of Disbursement Field Consultant 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. GRANDE COMMUNICATIONS</b>		<b>Transaction ID:</b> SB17.7590 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 13505 Burnet Rd		Amount of Each Disbursement this Period 201.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78727	Purpose of Disbursement Phone & internet expenses 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>C. Susan Harry</b>		<b>Transaction ID:</b> SB17.7688 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 327 Congress Ave		Amount of Each Disbursement this Period 1000.00 <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 Fundraiser consultant 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) ..... ▶	2201.92
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Susan Harry</b>		Transaction ID: SB17.7689 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 327 Congress Ave		Amount of Each Disbursement this Period 258.53
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb for postage paid for campaign 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. HILTON HOTELS</b>		Transaction ID: SB17.7594 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 815 Main St		Amount of Each Disbursement this Period 542.90
City Fort Worth State TX Zip Code 76102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging at TDP convention 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>C. IDEAS UNLIMITED</b>		Transaction ID: SB17.7599 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2516 Bandera Rd		Amount of Each Disbursement this Period 140.24
City San Antonio State TX Zip Code 78238	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign materials 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) ..... ▶	941.67
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. IDEAS UNLIMITED</b>		<b>Transaction ID:</b> SB17.7598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 2516 Bandera Rd		Amount of Each Disbursement this Period 1456.36
City San Antonio State TX Zip Code 78238	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement T-shirts, etc.		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. JA GARCIA</b>		<b>Transaction ID:</b> SB17.7605 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 8107 Broadway St # 201		Amount of Each Disbursement this Period 750.00
City San Antonio State TX Zip Code 78209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SA office rent - June		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. JA GARCIA</b>		<b>Transaction ID:</b> SB17.7601 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 8107 Broadway St # 201		Amount of Each Disbursement this Period 600.00
City San Antonio State TX Zip Code 78209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Austin office rent - May		Category/Type
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2806.36
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Kinkos</b>		<b>Transaction ID: SB17.7610</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 4418 Broadway St		Amount of Each Disbursement this Period 26.07	
City San Antonio State TX Zip Code 78209	Purpose of Disbursement printing of campaign materials Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kinkos</b>		<b>Transaction ID: SB17.7609</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 4418 Broadway St		Amount of Each Disbursement this Period 78.03	
City San Antonio State TX Zip Code 78209	Purpose of Disbursement printing of campaign materials Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. LAKE RESEARCH PARTNERS</b>		<b>Transaction ID: SB17.7612</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 1726 M St. NW, Suite 500		Amount of Each Disbursement this Period 12500.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement Polling Expenses Candidate Name TEXANS FOR COURAGE	<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 State: TX District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12604.10
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Nick Lawrie</b>		Transaction ID: SB17.7657 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 4215 Avenue A		Amount of Each Disbursement this Period 200.00
City Austin State TX Zip Code 78751	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Management Consultant 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. Nick Lawrie</b>		Transaction ID: SB17.7659 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 4215 Avenue A		Amount of Each Disbursement this Period 1050.00
City Austin State TX Zip Code 78751	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Management Consultant 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>C. Nick Lawrie</b>		Transaction ID: SB17.7658 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 4215 Avenue A		Amount of Each Disbursement this Period 1250.00
City Austin State TX Zip Code 78751	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Management Consultant 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) ..... ▶	2500.00
<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)  
TEXANS FOR COURAGE

<b>A. Nick Lawrie</b> Full Name (Last, First, Middle Initial) Nick Lawrie Mailing Address 4215 Avenue A City Austin State TX Zip Code 78751 Purpose of Disbursement Campaign Management Consultant Candidate Name 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>Transaction ID: SB17.7661</b> Date of Disbursement 05 / 12 / 2006 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Nick Lawrie</b> Full Name (Last, First, Middle Initial) Nick Lawrie Mailing Address 4215 Avenue A City Austin State TX Zip Code 78751 Purpose of Disbursement Campaign Management Consultant Candidate Name 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>Transaction ID: SB17.7662</b> Date of Disbursement 05 / 31 / 2006 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Nick Lawrie</b> Full Name (Last, First, Middle Initial) Nick Lawrie Mailing Address 4215 Avenue A City Austin State TX Zip Code 78751 Purpose of Disbursement Campaign Management Consultant Candidate Name 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>Transaction ID: SB17.7660</b> Date of Disbursement 06 / 14 / 2006 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3750.00</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Nick Lawrie</b>		<b>Transaction ID: SB17.7663</b> Date of Disbursement 06 / 30 / 2006	
Mailing Address 4215 Avenue A		Amount of Each Disbursement this Period 1250.00	
City Austin State TX Zip Code 78751	Purpose of Disbursement Campaign Management Consultant	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. Jamie Lewis</b>		<b>Transaction ID: SB17.7607</b> Date of Disbursement 06 / 02 / 2006	
Mailing Address 7402 Round Mtn		Amount of Each Disbursement this Period 180.00	
City san antonio State TX Zip Code 78255	Purpose of Disbursement reimb 4 food purch-SA Office Grand open	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. MARRIOTT</b>		<b>Transaction ID: SB17.7624</b> Date of Disbursement 06 / 27 / 2006	
Mailing Address 101 Bowie Street		Amount of Each Disbursement this Period 963.19	
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Fundraiser exp @ the AILA convention	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ..... ▶	2393.19
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7636 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1938 Broken Oak		Amount of Each Disbursement this Period 300.00
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expenses on Washington trip		Category/Type
Candidate Name		
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. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7637 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 1938 Broken Oak		Amount of Each Disbursement this Period 5.95
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food for campaign related meetings		Category/Type
Candidate Name		
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>C. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 1938 Broken Oak		Amount of Each Disbursement this Period 15.47
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food for campaign related meetings		Category/Type
Candidate Name		
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) ..... ▶	321.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7639	
Mailing Address 1938 Broken Oak		Date of Disbursement 05 / 11 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 10.03
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7640	
Mailing Address 1938 Broken Oak		Date of Disbursement 05 / 25 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 5.40
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7641	
Mailing Address 1938 Broken Oak		Date of Disbursement 05 / 30 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 9.48
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>24.91</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7642	
Mailing Address 1938 Broken Oak		Date of Disbursement 05 / 30 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 5.93
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7643	
Mailing Address 1938 Broken Oak		Date of Disbursement 06 / 12 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 30.33
Purpose of Disbursement Supplies for protest event		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7644	
Mailing Address 1938 Broken Oak		Date of Disbursement 06 / 14 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 12.53
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>48.79</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7645	
Mailing Address 1938 Broken Oak		Date of Disbursement 06 / 22 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 10.50
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7646	
Mailing Address 1938 Broken Oak		Date of Disbursement 06 / 27 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 37.30
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7647	
Mailing Address 1938 Broken Oak		Date of Disbursement 06 / 27 / 2006	
City San Antonio	State TX	Zip Code 78232	Amount of Each Disbursement this Period 21.43
Purpose of Disbursement Food for campaign related meetings		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>69.23</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 1938 Broken Oak		Amount of Each Disbursement this Period 12.74	
City San Antonio State TX Zip Code 78232	Purpose of Disbursement gas for travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. MISCELLANEOUS UNDER \$250</b>		<b>Transaction ID:</b> SB17.7649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1938 Broken Oak		Amount of Each Disbursement this Period 11.89	
City San Antonio State TX Zip Code 78232	Purpose of Disbursement gas for travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. NANCY FLY AGENCY</b>		<b>Transaction ID:</b> SB17.7651 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 90306		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78709-0306	Purpose of Disbursement Band-Courage-Feingold fundraising event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1024.63
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. NGP Software</b>		<b>Transaction ID:</b> SB17.7653 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1101 Vermont Avenue Suite 710		Amount of Each Disbursement this Period 1250.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly software service subscription		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP Software</b>		<b>Transaction ID:</b> SB17.7654 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1101 Vermont Avenue Suite 710		Amount of Each Disbursement this Period 1250.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly software service subscription		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP Software</b>		<b>Transaction ID:</b> SB17.7655 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 1101 Vermont Avenue Suite 710		Amount of Each Disbursement this Period 1250.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement monthly software service subscription		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3750.00</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. NORTHEAST BEXAR COUNTY DEMOCRATS</b>		<b>Transaction ID:</b> SB17.7721 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 6307 Ridge Forest		Amount of Each Disbursement this Period 300.00
City San Antonio State TX Zip Code 78230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Admission to Dining w/ Democrats dinner 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. NORTHEAST BEXAR COUNTY DEMOCRATS</b>		<b>Transaction ID:</b> SB17.7722 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 6307 Ridge Forest		Amount of Each Disbursement this Period 100.00
City San Antonio State TX Zip Code 78230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement printing of campaign materials 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>C. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7667 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 85.50
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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) ..... ▶	485.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7674 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 86.49
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7669 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 64.94
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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>C. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7670 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 44.89
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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) ..... ▶	196.32
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7668 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 32.46
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7671 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 7.27
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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>C. OFFICEMAX, INC.</b>		<b>Transaction ID:</b> SB17.7672 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 15.14
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies 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) ..... ▶	54.87
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. OFFICEMAX, INC.</b>		<b>Transaction ID: SB17.7673</b> Date of Disbursement 06 / 09 / 2006
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 7.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78232	Category/ Type	
Purpose of Disbursement office supplies Candidate Name		
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. OFFICEMAX, INC.</b>		<b>Transaction ID: SB17.7675</b> Date of Disbursement 06 / 19 / 2006
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 126.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78232	Category/ Type	
Purpose of Disbursement office supplies Candidate Name		
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>C. OFFICEMAX, INC.</b>		<b>Transaction ID: SB17.7676</b> Date of Disbursement 06 / 19 / 2006
Mailing Address 17700 N US Highway 281		Amount of Each Disbursement this Period 79.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78232	Category/ Type	
Purpose of Disbursement office supplies Candidate Name		
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) ..... ▶	<b>213.51</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Stephen Shallcross</b>		<b>Transaction ID: SB17.8272</b> Date of Disbursement 04 / 18 / 2006
Mailing Address 7950 Anderson Sq		Amount of Each Disbursement this Period 1200.00
City Austin State TX Zip Code 78757-8400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - part of dinner at fndrsng even		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID: SB17.7542</b> Date of Disbursement 04 / 21 / 2006
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 167.00
City San Antonio State TX Zip Code 78205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone & internet expenses		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID: SB17.8286</b> Date of Disbursement 04 / 30 / 2006
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 174.82
City San Antonio State TX Zip Code 78205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expenses		Category/ Type 001
Candidate Name TEXANS FOR COURAGE		
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: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1541.82
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.7541 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 105.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio      State TX      Zip Code 78205		
Purpose of Disbursement Phone & internet expenses 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. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.7540 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 44.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio      State TX      Zip Code 78205		
Purpose of Disbursement Phone & internet expenses 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>C. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.8287 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 182.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio      State TX      Zip Code 78205		
Purpose of Disbursement Telephone expenses Candidate Name TEXANS FOR COURAGE		Category/ Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX      District: 21	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) ..... ▶	332.01
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.7539 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 239.89
City San Antonio State TX Zip Code 78205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone & internet expenses 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. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.7538 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 54.28
City San Antonio State TX Zip Code 78205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone & internet expenses 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>C. Southwestern Bell (AT&amp;T)</b>		<b>Transaction ID:</b> SB17.8288 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 175 E Houston St		Amount of Each Disbursement this Period 190.50
City San Antonio State TX Zip Code 78205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expenses Candidate Name TEXANS FOR COURAGE	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	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) ..... ▶	484.67
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Teri Sperry</b>		<b>Transaction ID: SB17.7692</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 919 E. 53rd. St		Amount of Each Disbursement this Period 500.00	
City Austin State TX Zip Code 78751	Purpose of Disbursement Volunteer Coordinator Consultant	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. Teri Sperry</b>		<b>Transaction ID: SB17.7691</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 919 E. 53rd. St		Amount of Each Disbursement this Period 500.00	
City Austin State TX Zip Code 78751	Purpose of Disbursement Volunteer Coordinator Consultant	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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>C. TEXAS DEMOCRATIC PARTY</b>		<b>Transaction ID: SB17.7726</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 707 Rio Grande Street		Amount of Each Disbursement this Period 300.00	
City Austin State TX Zip Code 78701	Purpose of Disbursement Purchase of Voter Access List	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ..... ▶	1300.00
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. TEXAS DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB17.7724 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 707 Rio Grande Street		Amount of Each Disbursement this Period 500.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad for Convention	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. TEXAS DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB17.8313 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 707 Rio Grande Street		Amount of Each Disbursement this Period 2000.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Gave VAN Access	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>C. TEXAS DEMOCRATIC PARTY</b>		<b>Transaction ID:</b> SB17.7725 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 707 Rio Grande Street		Amount of Each Disbursement this Period 400.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement booth at TDP convention	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) ..... ▶	2900.00
<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. TIME WARNER CABLE</b>		<b>Transaction ID:</b> SB17.7694	
Mailing Address P.O. Box 460849		Date of Disbursement 05 / 22 / 2006	
City San Antonio	State TX	Zip Code 78246	Amount of Each Disbursement this Period 467.69
Purpose of Disbursement Cable, installation, internet-Aus office		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>B. TRNSFR</b>		<b>Transaction ID:</b> SB17.7604	
Mailing Address 101 W 6th St		Date of Disbursement 04 / 24 / 2006	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement SA office rent - April & May		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) <b>C. TRNSFR</b>		<b>Transaction ID:</b> SB17.7603	
Mailing Address 101 W 6th St		Date of Disbursement 06 / 06 / 2006	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement Austin office rent - June		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input 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: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2567.69</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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: SB17.7704 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 15610 Henderson Pass		Amount of Each Disbursement this Period 33.39
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage 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. USPS</b>		Transaction ID: SB17.7700 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 15610 Henderson Pass		Amount of Each Disbursement this Period 292.76
City San Antonio State TX Zip Code 78232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage 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>C. Rachel Van Os</b>		Transaction ID: SB17.8266 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 822 Burr		Amount of Each Disbursement this Period 250.00
City San Antonio State TX Zip Code 78209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - rent for SA office 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) ..... ▶	576.15
<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)  
TEXANS FOR COURAGE

<b>A. Fran Vincent</b> Full Name (Last, First, Middle Initial) Fran Vincent		<b>Transaction ID:</b> SB17.7578 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 4710 Sinclair Avenue		Amount of Each Disbursement this Period 200.00
City Austin State TX Zip Code 78756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb for travel exp on Washington trip		Category/ Type
Candidate Name		
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>B. Fran Vincent</b> Full Name (Last, First, Middle Initial) Fran Vincent		<b>Transaction ID:</b> SB17.7576 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 4710 Sinclair Avenue		Amount of Each Disbursement this Period 262.57
City Austin State TX Zip Code 78756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement press packets		Category/ Type
Candidate Name		
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>C. Fran Vincent</b> Full Name (Last, First, Middle Initial) Fran Vincent		<b>Transaction ID:</b> SB17.7577 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 4710 Sinclair Avenue		Amount of Each Disbursement this Period 52.79
City Austin State TX Zip Code 78756	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimb for postage to send items to Japan		Category/ Type
Candidate Name		
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) ..... ▶	515.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 95

<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)  
TEXANS FOR COURAGE

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab</b>		Transaction ID: SB17.7710 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 3251 Washington Blvd		Amount of Each Disbursement this Period 24.00	
City Arlington	State VA	Zip Code 03534	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Taxi for visitor		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>24.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>58076.66</b>

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 86 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.5179**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred MM DD YYYY 07 01 2005	Date Due 11/8/06	Interest Rate 5.25 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 87 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**TEXANS FOR COURAGE**

**Transaction ID: SC/10.5252**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13.09	0.00	13.09

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 30 Y Y Y Y 2005	11/9/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>13.09</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 88 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.5685**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13.26	0.00	13.26

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 1 Y Y Y Y 2 0 0 5	11/9/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="13.26"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 89 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.5731**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 1 Y Y Y Y 2 0 0 5	11/8/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 90 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.5970**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1295.79	0.00	1295.79

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 5 Y Y Y Y 2 0 0 6	11/8/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1295.79</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 91 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.5971**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.59	0.00	19.59

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 5 Y Y Y Y 2 0 0 6	11/9/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="19.59"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 92 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**TEXANS FOR COURAGE**

**Transaction ID: SC/10.6544**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27.48	0.00	27.48

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2006	11/9/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>27.48</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 93 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 TEXANS FOR COURAGE

**Transaction ID: SC/10.6603**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1241.70	0.00	1241.70

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2006	11/8/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1241.70</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 94 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**TEXANS FOR COURAGE**

**Transaction ID: SC/10.7729**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
72.63	0.00	72.63

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2006	11/9/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>72.63</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 95 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**TEXANS FOR COURAGE**

**Transaction ID: SC/10.8282**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) JOHN KENNETH COURAGE, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1938 BROKEN OAK ST	
City SAN ANTONIO State TX ZIP Code 78232	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
987.50	0.00	987.50

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2006	11/8/06	5.25 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>987.50</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>6671.04</b>

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