

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bachus for Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 4650.00 | 14150.00 |
| (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))..... | 4650.00 | 14150.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 81002.78 | 115413.24 |
| (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))..... | 81002.78 | 115413.24 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 61254.97 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Bachus for Congress Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| 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).....

4000.00

13230.00

(ii) Unitemized.....

150.00

420.00

(iii) TOTAL of contributions

4150.00

13650.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

500.00

500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

4650.00

14150.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

6086.00

-18390.55

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

10736.00

-4240.55

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 81002.78 | 115413.24 |
| 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..... | 4927.00 | 5981.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 85929.78 | 121394.24 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 687748.75 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 10736.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 698484.75 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 85929.78 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 612554.97 |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 5 / 36 |
| | (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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Frank Buckner

Mailing Address 1880 Canoe Creek Road

City State Zip Code
Springville AL 35146-6702

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

Name of Employer
Buckner Barrels

Occupation
owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 70116.C9896

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Lillian Buckner

Mailing Address 1880 Canoe Creek Rd

City State Zip Code
Springville AL 35146-6702

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

Name of Employer
Buckner Barrels

Occupation
Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 70116.C9897

Amount of Each Receipt this Period
2000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 4000.00 |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 6 / 36 |
| | (check only one) | |
| <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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Grand Trunk Rail - Illinois Central PAC

Mailing Address 601 Pennsylvania Ave NW
Suite 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 70116.C9898

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 500.00 |

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 7 / 36 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Compass Bank | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address PO Box 10566 | | Transaction ID: 70123.C9900 | |
| City Birmingham | State AL | Zip Code 35296-0002 | Amount of Each Receipt this Period 16.18 |
| FEC ID number of contributing federal political committee. C | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Compass Bank | Occupation | | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 16.18 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Compass Bank | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address PO Box 10566 | | Transaction ID: 70123.C9902 | |
| City Birmingham | State AL | Zip Code 35296-0002 | Amount of Each Receipt this Period 204.34 |
| FEC ID number of contributing federal political committee. C | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Compass Bank | Occupation | | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 220.52 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Compass Bank | | Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 | |
| Mailing Address PO Box 10566 | | Transaction ID: 70123.C9903 | |
| City Birmingham | State AL | Zip Code 35296-0002 | Amount of Each Receipt this Period 197.83 |
| FEC ID number of contributing federal political committee. C | | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Compass Bank | Occupation | | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 418.35 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 418.35 |
| TOTAL 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: PAGE 8 / 36 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Compass Bank

Mailing Address PO Box 10566

City Birmingham State AL Zip Code 35296-0002

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

Name of Employer Compass Bank Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
437.37

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 6 |

Transaction ID: 70123.C9901

Amount of Each Receipt this Period
19.02

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

B. Full Name (Last, First, Middle Initial)
Compass Brokerage Account

Mailing Address PO Box 10566

City Birmingham State AL Zip Code 35296-0002

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-18827.92

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 70124.C9905

Amount of Each Receipt this Period
5648.63

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5667.65 |
| TOTAL This Period (last page this line number only) | 6086.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Bachus for Congress Committee

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Occasions Caterers | | Transaction ID: 70116.E7682 Date of Disbursement |
| Mailing Address 5458 Third Street NE | | <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Washington | State DC | Zip Code 20011- |
| Purpose of Disbursement FUNDRAISING EVENT | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="367.01"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING EVENT |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. AmSouth Visa | | Transaction ID: 70123.E7792 Date of Disbursement |
| Mailing Address PO Box 216 | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Birmingham | State AL | Zip Code 35201-0216 |
| Purpose of Disbursement SEE BELOW | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="11313.75"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Village Tavern | | Transaction ID: 70123.E7846 Date of Disbursement |
| Mailing Address Summit Boulevard | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City Birmingham | State AL | Zip Code 35243- |
| Purpose of Disbursement CAMPAIGN MEAL | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="60.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL |
| State: District: | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="11680.76"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 36

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Alamo Rent-a-car | | Transaction ID: 70123.E7814 Date of Disbursement MM / DD / YYYY 11 / 06 / 2006 |
| Mailing Address 6929 N. Lakeland Avenue Suite 100 | | Amount of Each Disbursement this Period 236.54 |
| City Tulsa State OK Zip Code 74117-1808 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CAR RENTAL - BIRMINGHAM | Candidate Name | [MEMO ITEM] MEMO: CAR RENTAL - BIRMINGHAM |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Flemings | | Transaction ID: 70123.E7841 Date of Disbursement MM / DD / YYYY 10 / 24 / 2006 |
| Mailing Address 103 Summit Blvd | | Amount of Each Disbursement this Period 715.43 |
| City Birmingham State AL Zip Code 35243- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CAMPAIGN MEAL | Candidate Name | [MEMO ITEM] MEMO: CAMPAIGN MEAL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. A Thyme And Place | | Transaction ID: 70123.E7850 Date of Disbursement MM / DD / YYYY 11 / 15 / 2006 |
| Mailing Address 2500 Dewitt Avenue | | Amount of Each Disbursement this Period 1640.00 |
| City Alexandria State VA Zip Code 22301- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement FUNDRAISING EVENT CATERING | Candidate Name | [MEMO ITEM] MEMO: FUNDRAISING EVENT CATERING |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Bright Star | | Transaction ID: 70123.E7812 Date of Disbursement 11 / 05 / 2006 | |
| Mailing Address 304 19th St N | | Amount of Each Disbursement this Period 54.00 | |
| City Bessemer State AL Zip Code 35020-4925 | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. America On-line | | Transaction ID: 70123.E7813 Date of Disbursement 11 / 06 / 2006 | |
| Mailing Address PO Box 1017 | | Amount of Each Disbursement this Period 25.90 | |
| City Trumbull State CT Zip Code 06611-0956 | Purpose of Disbursement ONLINE SERVICES | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: ONLINE SERVICES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Bistro Italiano | | Transaction ID: 70123.E7836 Date of Disbursement 11 / 16 / 2006 | |
| Mailing Address 320 D St NE | | Amount of Each Disbursement this Period 30.19 | |
| City Washington State DC Zip Code 20002-5722 | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cellular Sales | | Transaction ID: 70123.E7845 Date of Disbursement 10 / 26 / 2006 |
| Mailing Address Brookwood Mall | | Amount of Each Disbursement this Period 38.14 |
| City Birmingham State AL Zip Code 35209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CELL PHONE EQUIPMENT | Candidate Name | [MEMO ITEM] MEMO: CELL PHONE EQUIPMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Chevron | | Transaction ID: 70123.E7802 Date of Disbursement 11 / 06 / 2006 |
| Mailing Address 2188 Highland Ave S | | Amount of Each Disbursement this Period 22.56 |
| City Birmingham State AL Zip Code 35205-4002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement GASOLINE | Candidate Name | [MEMO ITEM] MEMO: GASOLINE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Chevron | | Transaction ID: 70123.E7801 Date of Disbursement 10 / 20 / 2006 |
| Mailing Address 2188 Highland Ave S | | Amount of Each Disbursement this Period 27.74 |
| City Birmingham State AL Zip Code 35205-4002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement GASOLINE | Candidate Name | [MEMO ITEM] MEMO: GASOLINE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cracker Barrel | | Transaction ID: 70123.E7840 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 |
| Mailing Address Post Office Box 787 | | Amount of Each Disbursement this Period 45.36 |
| City Lebanon State TN Zip Code 37088- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CAMPAIGN MEAL | Candidate Name | [MEMO ITEM] MEMO: CAMPAIGN MEAL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cracker Barrel | | Transaction ID: 70123.E7839 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address Post Office Box 787 | | Amount of Each Disbursement this Period 55.10 |
| City Lebanon State TN Zip Code 37088- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CAMPAIGN MEAL | Candidate Name | [MEMO ITEM] MEMO: CAMPAIGN MEAL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cracker Barrel | | Transaction ID: 70123.E7816 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address Post Office Box 787 | | Amount of Each Disbursement this Period 37.18 |
| City Lebanon State TN Zip Code 37088- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CAMPAIGN MEAL | Candidate Name | [MEMO ITEM] MEMO: CAMPAIGN MEAL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Dales Southern Grill | | Transaction ID: 70123.E7821 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 1843 Montgomery Hwy | | Amount of Each Disbursement this Period 44.30 | |
| City Birmingham State AL Zip Code 35242- | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dales Southern Grill | | Transaction ID: 70123.E7808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 1843 Montgomery Hwy | | Amount of Each Disbursement this Period 43.34 | |
| City Birmingham State AL Zip Code 35242- | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dales Southern Grill | | Transaction ID: 70123.E7809 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 1843 Montgomery Hwy | | Amount of Each Disbursement this Period 38.52 | |
| City Birmingham State AL Zip Code 35242- | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Dales Southern Grill | | Transaction ID: 70123.E7810 Date of Disbursement 11 / 18 / 2006 | |
| Mailing Address 1843 Montgomery Hwy | | Amount of Each Disbursement this Period 32.82 | |
| City Birmingham State AL Zip Code 35242- | Purpose of Disbursement CAMPAIGN MEAL | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN MEAL | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dorothy McDaniel Flowers, | | Transaction ID: 70123.E7844 Date of Disbursement 10 / 26 / 2006 | |
| Mailing Address PO Box 59641 | | Amount of Each Disbursement this Period 2346.77 | |
| City Birmingham State AL Zip Code 35259-9641 | Purpose of Disbursement FLOWERS FOR 10/26/06 DINNER | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: FLOWERS FOR 10/26/06 DINNER | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Federal Express | | Transaction ID: 70123.E7794 Date of Disbursement 11 / 04 / 2006 | |
| Mailing Address PO Box 1140 | | Amount of Each Disbursement this Period 135.86 | |
| City Memphis State TN Zip Code 38101-1140 | Purpose of Disbursement SHIPPING | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: SHIPPING | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | |
|--|--|--|
| A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70123.E7793 Date of Disbursement 11 / 02 / 2006 Amount of Each Disbursement this Period 24.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING |
|--|--|--|

| | | |
|---|--|---|
| B. Fish Market Restaurant Full Name (Last, First, Middle Initial) Mailing Address 611 Richard Arrington Jr Blvd S City Birmingham State AL Zip Code 35233-2103 Purpose of Disbursement CAMPAIGN MEAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70123.E7803 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 22.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL |
|---|--|---|

| | | |
|---|--|--|
| C. Go Daddy Full Name (Last, First, Middle Initial) Mailing Address 575 8th Ave City New York State NY Zip Code 10018-3011 Purpose of Disbursement WEBSITE CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70123.E7837 Date of Disbursement 11 / 02 / 2006 Amount of Each Disbursement this Period 9.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: WEBSITE CHARGES |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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| | | | |
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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)
Bachus for Congress Committee

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Travis Hulsey, Director | | Transaction ID: 70123.E7807 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address PO Box 11088 | | Amount of Each Disbursement this Period 252.07 | |
| City Birmingham State AL Zip Code 35202-1088 | Purpose of Disbursement CAR TAG Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAR TAG | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. NIKIS West Steak and Sea | | Transaction ID: 70123.E7811 Date of Disbursement 11 / 03 / 2006 | |
| Mailing Address 233 Finley Ave W | | Amount of Each Disbursement this Period 23.52 | |
| City Birmingham State AL Zip Code 35204-1074 | Purpose of Disbursement CAMPAIGN MEAL Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nonnies Traditional Southern | | Transaction ID: 70123.E7823 Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address 1 Bellbrook Avenue | | Amount of Each Disbursement this Period 157.95 | |
| City Spring Valley State OH Zip Code 45370- | Purpose of Disbursement CAMPAIGN GIFT Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN GIFT | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Transaction ID: 70123.E7797 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 7001 Crestwood Blvd | | Amount of Each Disbursement this Period 21.78 |
| City Birmingham State AL Zip Code 35210-2332 | <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 | [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Office Max | | Transaction ID: 70123.E7827 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 259 Lakeshore Pkwy | | Amount of Each Disbursement this Period 6.79 |
| City Birmingham State AL Zip Code 35209-7109 | <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 | [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. House of Representatives | | Transaction ID: 70123.E7848 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address Us Capitol | | Amount of Each Disbursement this Period 121.50 |
| City Washington State DC Zip Code 20515-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement CONSTITUENT MEAL Candidate Name | Category/Type | [MEMO ITEM] MEMO: CONSTITUENT MEAL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 36

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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)
Bachus for Congress Committee

| | | | |
|---|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Shell | | Transaction ID: 70123.E7799 Date of Disbursement MM / DD / YYYY 11 / 11 / 2006 | |
| Mailing Address Acton Road | | Amount of Each Disbursement this Period 34.90 | |
| City Birmingham | State AL | Zip Code 35242- | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE |
| Purpose of Disbursement GASOLINE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Shell | | Transaction ID: 70123.E7824 Date of Disbursement MM / DD / YYYY 10 / 27 / 2006 | |
| Mailing Address Acton Road | | Amount of Each Disbursement this Period 10.08 | |
| City Birmingham | State AL | Zip Code 35242- | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE |
| Purpose of Disbursement GASOLINE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Shell | | Transaction ID: 70123.E7798 Date of Disbursement MM / DD / YYYY 10 / 19 / 2006 | |
| Mailing Address Acton Road | | Amount of Each Disbursement this Period 17.75 | |
| City Birmingham | State AL | Zip Code 35242- | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE |
| Purpose of Disbursement GASOLINE | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Smiths Variety | | Transaction ID: 70123.E7820 Date of Disbursement 10 / 20 / 2006 | |
| Mailing Address 2715 Culver Road | | Amount of Each Disbursement this Period 59.95 | |
| City Birmingham State AL Zip Code 35223- | Purpose of Disbursement CAMPAIGN GIFTS Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN GIFTS | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Southwest Airlines | | Transaction ID: 70123.E7833 Date of Disbursement 11 / 13 / 2006 | |
| Mailing Address PO Box 36611 | | Amount of Each Disbursement this Period 188.30 | |
| City Dallas State TX Zip Code 75235-1611 | Purpose of Disbursement AIRLINE TRAVEL Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: AIRLINE TRAVEL | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Target | | Transaction ID: 70123.E7834 Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 280 Highway Ave | | Amount of Each Disbursement this Period 6.28 | |
| City Birmingham State AL Zip Code 35228-3005 | Purpose of Disbursement CAMPAIGN GIFT Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN GIFT | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Transaction ID: 70123.E7796 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 21.78 |
| City Birmingham State AL Zip Code 35213- | <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 | [MEMO ITEM] MEMO: POSTAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Transaction ID: 70123.E7819 Date of Disbursement 11 / 06 / 2006 |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 4.05 |
| City Birmingham State AL Zip Code 35213- | <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 | [MEMO ITEM] MEMO: POSTAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Transaction ID: 70123.E7795 Date of Disbursement 11 / 03 / 2006 |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 39.00 |
| City Birmingham State AL Zip Code 35213- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement STAMPS Candidate Name | Category/Type | [MEMO ITEM] MEMO: STAMPS |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)

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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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Transaction ID: 70123.E7818 Date of Disbursement 10 / 20 / 2006 | |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 18.80 | |
| City Birmingham State AL Zip Code 35213- | Purpose of Disbursement POSTAGE Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: 70123.E7832 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address PO Box 4009 | | Amount of Each Disbursement this Period 250.66 | |
| City Silver Spring State MD Zip Code 20914-4009 | Purpose of Disbursement CELL PHONE Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: 70123.E7804 Date of Disbursement 10 / 23 / 2006 | |
| Mailing Address PO Box 4009 | | Amount of Each Disbursement this Period 54.46 | |
| City Silver Spring State MD Zip Code 20914-4009 | Purpose of Disbursement CELL PHONE EQUIPMENT Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE EQUIPMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Walmart | | Transaction ID: 70123.E7831 Date of Disbursement 11 / 09 / 2006 | |
| Mailing Address 5335 Highway 280 S | | Amount of Each Disbursement this Period 6.02 | |
| City Birmingham State AL Zip Code 35242-5317 | Purpose of Disbursement CAMPAIGN GIFT Candidate Name | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN GIFT | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. White House Historical Society | | Transaction ID: 70123.E7847 Date of Disbursement 11 / 03 / 2006 | |
| Mailing Address 1600 Pennsylvania Ave NW | | Amount of Each Disbursement this Period 4731.08 | |
| City Washington State DC Zip Code 20500-0005 | Purpose of Disbursement CAMPAIGN GIFTS Candidate Name | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: CAMPAIGN GIFTS | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Wolf Camera | | Transaction ID: 70123.E7822 Date of Disbursement 10 / 23 / 2006 | |
| Mailing Address 18th Street | | Amount of Each Disbursement this Period 11.11 | |
| City Homewood State AL Zip Code 35209- | Purpose of Disbursement PHOTO PROCESSING Candidate Name | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: PHOTO PROCESSING | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL 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)

PAGE 24 / 36

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Wolf Camera | | Transaction ID: 70123.E7817 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address 18th Street | | Amount of Each Disbursement this Period 4.25 | |
| City Homewood State AL Zip Code 35209- | Purpose of Disbursement FILM | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: FILM | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. BellSouth | | Transaction ID: 61201.E7667 Date of Disbursement 11 / 30 / 2006 | |
| Mailing Address PO Box 1313 | | Amount of Each Disbursement this Period 141.72 | |
| City Birmingham State AL Zip Code 35299-0002 | Purpose of Disbursement 591.8680 TELEPHONE AND INTERNET | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 591.8680 TELEPHONE AND INTERNET | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. BellSouth | | Transaction ID: 61201.E7668 Date of Disbursement 11 / 30 / 2006 | |
| Mailing Address PO Box 1313 | | Amount of Each Disbursement this Period 82.98 | |
| City Birmingham State AL Zip Code 35299-0002 | Purpose of Disbursement 328-0171 TELEPHONE | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 328-0171 TELEPHONE | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 224.70 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bishop & Associates | | Transaction ID: 61201.E7678 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 | |
| Mailing Address PO Box 27596 | | Amount of Each Disbursement this Period 4000.00 | |
| City Panama City State FL Zip Code 32411-7596 | Purpose of Disbursement DEC MEDIA CONSULTING | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DEC MEDIA CONSULTING | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bogart Associates | | Transaction ID: 61201.E7670 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 39374.89 | |
| City Alexandria State VA Zip Code 22314- | Purpose of Disbursement COMMISSIONS FOR 2006 | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | COMMISSIONS FOR 2006 | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Bogart Associates | | Transaction ID: 61201.E7676 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 1200 Trinity Drive | | Amount of Each Disbursement this Period 1250.00 | |
| City Alexandria State VA Zip Code 22314- | Purpose of Disbursement NOV FUNDRAISING CONSULTING | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | NOV FUNDRAISING CONSULTING | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 44624.89 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bogart Associates | | Transaction ID: 70116.E7704 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 |
| Mailing Address 1200 Trinity Drive | | 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 |
| City Alexandria State VA Zip Code 22314- | Purpose of Disbursement DEC FUNDRAISING CONSULTING Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DEC FUNDRAISING CONSULTING |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Congressional Club | | Transaction ID: 70116.E7687 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 |
| Mailing Address 2001 New Hampshire Ave NW | | Amount of Each Disbursement this Period 480.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20009-3414 | Purpose of Disbursement COOKBOOKS FOR GIFTS Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | COOKBOOKS FOR GIFTS |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Randy Dempsey | | Transaction ID: 61201.E7675 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 |
| Mailing Address 1122 22nd St N | | Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35234-2725 | Purpose of Disbursement NOV POLITICAL CONSULTING & OFFICE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | NOV POLITICAL CONSULTING & OFFICE |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4480.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 36

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Bachus for Congress Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Randy Dempsey | | Transaction ID: 70116.E7683 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 |
| Mailing Address 1122 22nd St N | | Amount of Each Disbursement this Period 7500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35234-2725 | Purpose of Disbursement LEGAL ASSISTANCE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | LEGAL ASSISTANCE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Randy Dempsey | | Transaction ID: 70116.E7702 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 |
| Mailing Address 1122 22nd St N | | Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35234-2725 | Purpose of Disbursement DEC POLITICAL CONSULTING AND OFFICE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DEC POLITICAL CONSULTING AND OFFICE |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jefferson County Board of Education | | Transaction ID: 70116.E7681 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6 |
| Mailing Address 2100 18th Street South | | Amount of Each Disbursement this Period 319.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Birmingham State AL Zip Code 35209-1891 | Purpose of Disbursement BUS TRANSPORTATION TO ART RECEPTION Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BUS TRANSPORTATION TO ART RECEPTION |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10569.48 |
| 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)

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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)
Bachus for Congress Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. John Lezcano Graphic Designs | | Transaction ID: 70116.E7691 Date of Disbursement 12 / 27 / 2006 |
| Mailing Address 440 East Nelson Avenue | | Amount of Each Disbursement this Period 225.00 |
| City Alexandria State VA Zip Code 22301- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement STB FLYER DESIGN | Candidate Name | STB FLYER DESIGN |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ashley Luke | | Transaction ID: 70116.E7692 Date of Disbursement 12 / 27 / 2006 |
| Mailing Address 3777 W Jackson Blvd | | Amount of Each Disbursement this Period 194.52 |
| City Birmingham State AL Zip Code 35213-4235 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW | Candidate Name | REIMBURSEMENT: SEE BELOW |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Eastwood Print & Copy | | Transaction ID: 70116.E7701 Date of Disbursement 12 / 18 / 2006 |
| Mailing Address 7825-A Crestwood Boulevard | | Amount of Each Disbursement this Period 10.68 |
| City Birmingham State AL Zip Code 35210- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement COPIES | Candidate Name | [MEMO ITEM] MEMO: COPIES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 419.52 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Bachus for Congress Committee

| | | |
|---|--|---|
| A. Target Full Name (Last, First, Middle Initial) Mailing Address 280 Highway Ave City Birmingham State AL Zip Code 35228-3005 Purpose of Disbursement PHOTO MAILERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70116.E7697 Date of Disbursement 12 / 12 / 2006 Amount of Each Disbursement this Period 11.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHOTO MAILERS |
|---|--|---|

| | | |
|--|--|--|
| B. USPS Full Name (Last, First, Middle Initial) Mailing Address U.S. Post Office City Birmingham State AL Zip Code 35213- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70116.E7696 Date of Disbursement 12 / 14 / 2006 Amount of Each Disbursement this Period 5.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
|--|--|--|

| | | |
|--|--|---|
| C. USPS Full Name (Last, First, Middle Initial) Mailing Address U.S. Post Office City Birmingham State AL Zip Code 35213- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 70116.E7693 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 56.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
|--|--|---|

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Transaction ID: 70116.E7694 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 28.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| City Birmingham | State AL Zip Code 35213- | |
| Purpose of Disbursement POSTAGE | Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Transaction ID: 70116.E7695 Date of Disbursement 11 / 07 / 2006 |
| Mailing Address U.S. Post Office | | Amount of Each Disbursement this Period 7.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| City Birmingham | State AL Zip Code 35213- | |
| Purpose of Disbursement POSTAGE | Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Wolf Camera | | Transaction ID: 70116.E7700 Date of Disbursement 11 / 07 / 2006 |
| Mailing Address 18th Street | | Amount of Each Disbursement this Period 27.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHOTO PROCESSING |
| City Homewood | State AL Zip Code 35209- | |
| Purpose of Disbursement PHOTO PROCESSING | Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| 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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Michele Reisner | | Transaction ID: 61201.E7677 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 | |
| Mailing Address 831 Linwood Court | | Amount of Each Disbursement this Period 1581.12 | |
| City Birmingham State AL Zip Code 35222- | Purpose of Disbursement NOV SALARY | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type NOV SALARY | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Michele Reisner | | Transaction ID: 70116.E7703 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 831 Linwood Court | | Amount of Each Disbursement this Period 1581.12 | |
| City Birmingham State AL Zip Code 35222- | Purpose of Disbursement DECEMBER SALARY | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type DECEMBER SALARY | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Michele Reisner | | Transaction ID: 70116.E7688 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 831 Linwood Court | | Amount of Each Disbursement this Period 345.20 | |
| City Birmingham State AL Zip Code 35222- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type REIMBURSEMENT: SEE BELOW | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3507.44 |
| TOTAL 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)

PAGE 32 / 36

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Bachus for Congress Committee

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Rite Aid | | Transaction ID: 70116.E7689 Date of Disbursement 12 / 27 / 2006 | |
| Mailing Address 1337 Montclair Road | | Amount of Each Disbursement this Period 345.20 | |
| City Birmingham State AL Zip Code 35210- | Purpose of Disbursement PHONE CARDS- MILITARY HOLIDAY GIFTS | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: PHONE CARDS- MILITARY HOLIDAY GIFTS | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Tuscaloosa County Republican Women | | Transaction ID: 70124.E7854 Date of Disbursement 12 / 27 / 2006 | |
| Mailing Address 8014 Harbor Ave NE | | Amount of Each Disbursement this Period 100.00 | |
| City Tuscaloosa State AL Zip Code 35406-1220 | Purpose of Disbursement 10 COOKBOOKS FOR GIFTS | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 10 COOKBOOKS FOR GIFTS | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: 70116.E7679 Date of Disbursement 12 / 14 / 2006 | |
| Mailing Address PO Box 4009 | | Amount of Each Disbursement this Period 531.30 | |
| City Silver Spring State MD Zip Code 20914-4009 | Purpose of Disbursement CELL PHONES | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CELL PHONES | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 631.30 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 36

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Bachus for Congress Committee

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Workshops Inc. | | Transaction ID: 61201.E7674 | |
| Mailing Address 4244 3rd Avenue South | | Date of Disbursement 11 / 30 / 2006 | |
| City Birmingham | State AL | Zip Code 35222- | Amount of Each Disbursement this Period 513.54 |
| Purpose of Disbursement POSTAGE FOR HOLIDAY GIFTS | | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | POSTAGE FOR HOLIDAY GIFTS |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Workshops Inc. | | Transaction ID: 61201.E7673 | |
| Mailing Address 4244 3rd Avenue South | | Date of Disbursement 11 / 30 / 2006 | |
| City Birmingham | State AL | Zip Code 35222- | Amount of Each Disbursement this Period 151.56 |
| Purpose of Disbursement MAILING HOLIDAY GIFTS | | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | MAILING HOLIDAY GIFTS |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Workshops Inc. | | Transaction ID: 70116.E7686 | |
| Mailing Address 4244 3rd Avenue South | | Date of Disbursement 12 / 27 / 2006 | |
| City Birmingham | State AL | Zip Code 35222- | Amount of Each Disbursement this Period 1330.68 |
| Purpose of Disbursement POSTAGE FOR HOLIDAY CARDS | | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | POSTAGE FOR HOLIDAY CARDS |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1995.78 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 36

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial)

A. Workshops Inc.

Mailing Address 4244 3rd Avenue South

City Birmingham State AL Zip Code 35222-

Purpose of Disbursement
PRINTING HOLIDAY CARDS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70116.E7684

Date of Disbursement

12 / 27 / 2006

Amount of Each Disbursement this Period

2639.66

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

PRINTING HOLIDAY CARDS

SUBTOTAL of Disbursements This Page (optional)

2639.66

TOTAL This Period (last page this line number only)

80773.53

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

| | | | |
|--|---|---|---|
| Full Name (Last, First, Middle Initial) A. HEAL Healthy Eating Active Living | | Transaction ID: 70123.E7851 Date of Disbursement 11 / 30 / 2006 | |
| Mailing Address 300 Greenwood Street | | Amount of Each Disbursement this Period 500.00 | |
| City Birmingham | State AL | Zip Code 35209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement CONTRIBUTION | Category/ Type | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2008 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Hastert For Congress Committee | | Transaction ID: 70123.E7791 Date of Disbursement 12 / 05 / 2006 | |
| Mailing Address P.O. Box 625 | | Amount of Each Disbursement this Period 2000.00 | |
| City Batavia | State IL | Zip Code 60510- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement CONTRIBUTION | Category/ Type | | |
| Candidate Name DENNIS J. HASTERT | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2008 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: IL District: 14 | | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. McCotter Congressional Committee | | Transaction ID: 70123.E7790 Date of Disbursement 12 / 21 / 2006 | |
| Mailing Address P.O. Box 530788 | | Amount of Each Disbursement this Period 2000.00 | |
| City Livonia | State MI | Zip Code 48153- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement CONTRIBUTION | Category/ Type | | |
| Candidate Name THADDEUS G MCCOTTER | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: 2008 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: MI District: 11 | | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 36

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Tuscaloosa County Republican Women

Mailing Address 8014 Harbor Ave NE

City Tuscaloosa State AL Zip Code 35406-1220

Purpose of Disbursement
DREAM WEEKEND CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61201.E7671

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

4800.00