

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Michael Burgess for Congress

ADDRESS (number and street) PO Box 2334
 Check if different than previously reported. (ACC)
Denton TX 76202 2334

2. **FEC IDENTIFICATION NUMBER** C00372532
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
IS THIS REPORT NEW (N) OR AMENDED (A)
TX 26

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 10 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Robert Sherman

Signature of Treasurer Electronically Filed by Robert Sherman Date 01 30 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michael Burgess for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	69967.29	368915.64
(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)).....	69967.29	368915.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	60074.37	277921.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	48.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	60074.37	277872.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	143849.47	
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
Michael Burgess for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

19300.00

106238.35

(ii) Unitemized.....

4745.00

12657.00

(iii) TOTAL of contributions

24045.00

118895.35

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

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

45922.29

249922.29

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

69967.29

368915.64

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING
EXPENDITURES

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

0.00

48.60

15. OTHER RECEIPTS

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

0.00

0.00

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

69967.29

368964.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	60074.37	277921.54
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.....	38700.00	94000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98774.37	371921.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	172656.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	69967.29
25. SUBTOTAL (add Line 23 and Line 24).....	242623.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98774.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	143849.47

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Dr. Michael C. Burgess		Candidate ID Number H2TX26093
Name of Principal Campaign Committee Michael Burgess for Congress		Committee ID Number C C00372532
Committee Address PO Box 2334		
City Denton	State TX	ZIP 76202-2334
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	350014.24	10350.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	350014.24	10350.00

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 6 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

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

Mailing Address 355 Canyon Oaks Drive

City State Zip Code
Argyle TX 76226-9659

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

Name of Employer Retired Occupation Retired

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

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

Transaction ID: A-C5779

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Barry Jacobs

Mailing Address 751 Hebron Parkway Suite 310

City State Zip Code
Lewisville TX 75057-5054

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

Name of Employer Texas Fertility Occupation Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: A-C5786

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Michael Sanders

Mailing Address 10264 Zipper Road

City State Zip Code
Pilot Point TX 76258

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

Name of Employer Active Home Care Occupation Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: A-C5787

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Terry Widmer

Mailing Address 8949 David Fort Road

City State Zip Code
Argyle TX 76226-2950

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

Name of Employer Self-employed Occupation
Registered Nurse

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2450.00

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

Transaction ID: A-I5761

Amount of Each Receipt this Period
850.00

Inkind: Catering expense

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

B. Full Name (Last, First, Middle Initial)
Mrs. Terry Widmer

Mailing Address 8949 David Fort Road

City State Zip Code
Argyle TX 76226-2950

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

Name of Employer Self-employed Occupation
Registered Nurse

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2450.00

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

Transaction ID: A-I5762

Amount of Each Receipt this Period
350.00

Inkind: Catering expense

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

C. Full Name (Last, First, Middle Initial)
Chris Giblin

Mailing Address 1331 H Street
12th Floor

City State Zip Code
Washington DC 20005

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

Name of Employer The Federalist Group Occupation
Senior Vice President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: A-C5771

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Andrew Maloney

Mailing Address 304 E Street NE

City State Zip Code
Washington DC 20002-4925

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

Name of Employer Federalist Group Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5769

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Vasapoli

Mailing Address 1133 Connecticut Avenue Suite 300

City State Zip Code
Washington DC 20036

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

Name of Employer Ryan, Phillips, Utrecht Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C5770

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Linda McNatt

Mailing Address 1303 Woodlake Drive

City State Zip Code
Denton TX 76210-2810

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

Name of Employer Jim McNatt Auto Group Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
625.00

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

Transaction ID: A-C5799

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Jesse Coffey

Mailing Address 3513 Granada Trail

City State Zip Code
Denton TX 76205-8403

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

Name of Employer Retired Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

Transaction ID: A-C5793

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Fred Patterson

Mailing Address 2900 Santa Monica Drive

City State Zip Code
Denton TX 76205-8518

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

Name of Employer Retired Occupation Publisher Emeritus

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: A-C5792

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Hunton & Williams, LLP

Mailing Address 1900 K Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 5

Transaction ID: A-C5831

Amount of Each Receipt this Period
1000.00

No Partner Greater Than \$200
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey MacKinnon

Mailing Address 3753 Oliver Street NW

City State Zip Code
Washington DC 20015-2531

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

Name of Employer Ryan, Phillips, Utrecht, et al
Occupation Legislative Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5804

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Ray Roberts

Mailing Address 2136 Chinn Road

City State Zip Code
Denton TX 76207-5106

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

Name of Employer Basic Capital Management
Occupation Aviation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: A-C5800

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Randy Robinson

Mailing Address 2913 Destin Drive

City State Zip Code
Denton TX 76205-8303

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

Name of Employer Texas Bank
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: A-C5825

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Gayle Strange

Mailing Address 2000 Tremont Circle

City State Zip Code
Denton TX 76205-7408

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C5802

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Roy C Coffee

Mailing Address 1666 K Street NW Suite 500

City State Zip Code
Washington DC 20006-1218

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

Name of Employer O'Connor & Hannan Occupation AttorneyExecutive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: A-C5805

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Sam Morgante

Mailing Address 700 12th Street Suite 710

City State Zip Code
Washington DC 20004

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

Name of Employer Genworth Financial, Inc. Occupation VP of Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: A-C5806

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

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

Mailing Address 355 Canyon Oaks Drive

City State Zip Code
Argyle TX 76226-9659

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: A-C5849

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Clyde D. Fisher

Mailing Address 2421 I-35 W. North

City State Zip Code
Denton TX 76207

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

Name of Employer Clyde Fisher Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: A-C5850

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Cheryl Key

Mailing Address 3524 Belmont Street

City State Zip Code
Denton TX 76210-8582

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C5852

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Thomas Davis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1455 Pennsylvania Avenue, NW Suite 1200		Transaction ID: A-C5843
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Davis & Harman	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Randolph Hardock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1455 Pennsylvania Avenue, NW Suite 1200		Transaction ID: A-C5841
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Davis & Harman	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph McKeever		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1455 Pennsylvania Avenue, NW Suite 1200		Transaction ID: A-C5840
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Davis & Harman	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Craig Springfield

Mailing Address 1455 Pennsylvania Avenue, NW
Suite 1200

City Washington State DC Zip Code 20004

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

Name of Employer Davis & Harman Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C5842

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Stuart Lipton

Mailing Address 591 W Main Street

City Lewisville State TX Zip Code 75057-3628

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C5861

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Bob Morris

Mailing Address 601

City Highland Village State TX Zip Code 75077

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

Name of Employer Home Builders Ass. of Dallas Occupation Association Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C6025

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Debbie Vanderlaan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 2925 Country Club Road Suite 103		Transaction ID: A-C6037
City State Zip Code Denton TX 76210-8603	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Dr. Alberto A. Bolanos		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address Othopedic Institute 50 South San Mateo Drive, Suite 47		Transaction ID: A-C5923
City State Zip Code San Mateo CA 94010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Orthopaedic Surgeon Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Bondy, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 1006 Lake Point Circle		Transaction ID: A-C5927
City State Zip Code Mckinney TX 75070-5164	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) Dr. Ted Firestone		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 2222 E Highland Avenue Suite 400		Transaction ID: A-C5920
City Phoenix State AZ Zip Code 85016-4880	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Institute for Bone & Joints	Occupation Orthopaedic Surgeon	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Pete Hammerle		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 2220 San Jacinto Boulevard Suite 200		Transaction ID: A-C5926
City Denton State TX Zip Code 76205-6500	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hammerle & Finley	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. David G Lewallen		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 1290 7th Street SW		Transaction ID: A-C5925
City Rochester State MN Zip Code 55902-2056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Brian S. Parsley

Mailing Address 302 Pine Shadows Drive

City State Zip Code
Houston TX 77056-1319

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

Name of Employer Occupation
Baylor College of Medicine Orthopaedic Surgeon

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

250.00

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

Transaction ID: A-C5922

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. William J. Robb, III

Mailing Address 23 Indian Hill Road

City State Zip Code
Winnetka IL 60093-3940

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

Name of Employer Occupation
Illinois Bone & Joint Ins-t. Orthopaedic Surgeon

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

250.00

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

Transaction ID: A-C5924

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. John Callaghan

Mailing Address PO Box 2282

City State Zip Code
Iowa City IA 52244-2282

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

Name of Employer Occupation
Self-Employed Orthopaedic Surgeon

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

250.00

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

Transaction ID: A-C6031

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Richard Ensweiler

Mailing Address 7205 Water S Edge Drive

City State Zip Code
The Colony TX 75056-3459

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

Name of Employer Occupation
Texas Credit Union League President

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

250.00

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

Transaction ID: A-C5907

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Mark Holt

Mailing Address 1706 Milestone Ridge

City State Zip Code
Lewisville TX 75067-5705

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

Name of Employer Occupation
Self Physician

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

375.00

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

Transaction ID: A-C5908

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. William Hozack

Mailing Address 925 Chestnut Street

City State Zip Code
Philadelphia PA 19107-4216

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

Name of Employer Occupation
Rotham Inst. of Orthopaedics Doctor

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

250.00

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

Transaction ID: A-C6030

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Mr. Jared Ihrig		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 2402 Brushcreek Drive		Transaction ID: A-C6026	
City State Zip Code Keller TX 76248-8432	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer American Airlines FCU Occupation Attorney	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Joseph McCarthy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 125 Parker Hill Avenue		Transaction ID: A-C6036	
City State Zip Code Boston MA 02120-2847	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer New England Baptist Hospital Occupation Clinical Professor	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. BJ McGrery		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 16 Country Lane		Transaction ID: A-C6027	
City State Zip Code Falmouth ME 04105-1899	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer UAD Occupation Doctor	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Calvin Simmons, II

Mailing Address 1909 Buffalo Bend Drive

City Lewisville State TX Zip Code 75067-7424

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C5910

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. James B Stiehl

Mailing Address 575 W River Woods Parkway

City Milwaukee State WI Zip Code 53212-1003

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: A-C6032

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gary A Wallace

Mailing Address 2521 Timber Ridge Lane

City Flower Mound State TX Zip Code 75028-7502

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

Name of Employer ATX Group Occupation VP of Corporate Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C5909

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Hon. Dianne Costa		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3119 Misty Oak Drive		Transaction ID: A-C6022
City State Zip Code Highland Village TX 75077-1847	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sharp Focus Counseling Occupation Counsler	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Matthew W. Cooper		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 2501 Hanover Avenue		Transaction ID: A-C5929
City State Zip Code Richmond VA 23220-4003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer GE Financial Occupation Assistant Vice President	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. George R Zippel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 1301 Wakefield Road		Transaction ID: A-C5928
City State Zip Code Lynchburg VA 24503-2527	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Genworth Financial Occupation President & CEO	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	19300.00

**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 22 / 73
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Bass Brothers Enterprises PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 201 Main Street Suite 2500		Transaction ID: A-C5780
City Fort Worth State TX Zip Code 76102-3129	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00172635		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Myra Crownover Campaign		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 51322		Transaction ID: A-C5797
City Denton State TX Zip Code 76206	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. National Beer Wholesalers Association (NBWA PAC)		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 1100 King Street Suite 600		Transaction ID: A-C5796
City Alexandria State VA Zip Code 22314-2925	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 73
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Calpine Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 50 W San Fernando Street		Transaction ID: A-C5776	
City State Zip Code San Jose CA 95113-2429		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00362640		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. CHEVRONTEXACO Employees PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 1401 I Street NW Suite 1200		Transaction ID: A-C5774	
City State Zip Code Washington DC 20005-2225		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00035006		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Constellation Energy Group PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 750 E. Pratt Street, 5th Floor P.O. Box 1475		Transaction ID: A-C5775	
City State Zip Code Baltimore MD 21202		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00041376		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 73
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Mirant Corporation PAC

Mailing Address 1155 Perimeter Center West
2nd Floor

City Atlanta State GA Zip Code 30338

FEC ID number of contributing federal political committee. **C** C00365007

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5772

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
POWER PAC Edison Electric Institute

Mailing Address 701 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1422.29

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

Transaction ID: A-I5934

Amount of Each Receipt this Period
422.29

Inkind: Catering Expense

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

C. Full Name (Last, First, Middle Initial)
Reliant Energy, Inc. Political Action Committee

Mailing Address 1901 N Moore Street

City Arlington State VA Zip Code 22209-1728

FEC ID number of contributing federal political committee. **C** C00081455

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5773

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2422.29
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 73
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. American Academy of Dermatology PAC (SKINPAC)		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1350 I Street NW Suite 800		Transaction ID: A-C5834
City Washington State DC Zip Code 20005-3305	FEC ID number of contributing federal political committee. C C00359539	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Hogan and Hartson PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 555 Thirteenth Street, NW		Transaction ID: A-C5833
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00261339	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Nuclear Energy Institute Federal PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1776 I Street, NW 4th Floor		Transaction ID: A-C5832
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. C C00239848	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 73
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. OmniAmerican Credit Union PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 150099		Transaction ID: A-C5830
City State Zip Code Fort Worth TX 76108	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00385161		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Doctors Offering Competitive Solutions PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 5575 Warren Parkway Suite 221		Transaction ID: A-C5823
City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00410290		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Locke, Lidell & Sapp, LLP PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 3400 Chase Tower 600 Travis Street		Transaction ID: A-C5807
City State Zip Code Houston TX 77002	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00117861		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<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)
Michael Burgess for Congress

A. American Council of Life Insurers

Full Name (Last, First, Middle Initial)
Mailing Address 101 Constitution Avenue NW

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: A-C5835

Amount of Each Receipt this Period
1500.00

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

B. Accenture PAC

Full Name (Last, First, Middle Initial)
Mailing Address 800 Connecticut Avenue NW Suite 600

City State Zip Code
Washington DC 20006-2716

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5836

Amount of Each Receipt this Period
1000.00

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

C. Alcon Laboratories Inc PAC

Full Name (Last, First, Middle Initial)
Mailing Address 6201 South Freeway

City State Zip Code
Fort Worth TX 76134-2001

FEC ID number of contributing federal political committee. **C** C00382119

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: A-C5853

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 73
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. DTE Energy Co. PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 2000 Second Avenue 1079 WCB		Transaction ID: A-C5838	
City State Zip Code Detroit MI 48226	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00081547		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Electric Delivery PAC of TXU Corporation		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 500 N. Akard Street Suite 12-045		Transaction ID: A-C5839	
City State Zip Code Dallas TX 75201	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00255992		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) C. U.S. Oncology PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 5	
Mailing Address 16825 Northcase Dr. Ste. 1300		Transaction ID: A-C5860	
City State Zip Code Houston TX 77060	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00339655		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Pacifcare PAC

Mailing Address 412 1st Street SE
Suite 100

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00240903

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C5895

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Electric Power Committee for Responsible Government

Mailing Address PO Box 16036

City Columbus State OH Zip Code 43216-6036

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C5891

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Entergy Corporation PAC

Mailing Address 919 Congress Avenue
Suite 740

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C5888

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 73
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Florida Power & Light PAC

Mailing Address 700 Universe Boulevard

City Juno Beach State FL Zip Code 33408-2657

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C5892

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Progress Energy Political Action Committee

Mailing Address 801 Pennsylvania Avenue NW Suite 250

City Washington State DC Zip Code 20004-2681

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C5890

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee (RPAC)

Mailing Address 700 11th Street NW

City Washington State DC Zip Code 20001-4507

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: A-C5889

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 73
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
National Cable & Telecommunications PAC

Mailing Address 1724 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-1905

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: A-C5899

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Genworth Financial Inc. PAC

Mailing Address 6620 W Broad Street

City Richmond State VA Zip Code 23230-1716

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C5930

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Hunt Oil Company PAC

Mailing Address 1445 Ross at Field

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00141945

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C5894

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 73
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Sanofi Pasteur PAC

Mailing Address Discovery Drive

City State Zip Code
Swiftwater PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: A-C5893

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Burlington Northern Santa Fe PAC (BNSF)

Mailing Address 700 13th Street NW
Suite 220

City State Zip Code
Washington DC 20005-5915

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 5

Transaction ID: A-C5896

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Caremark RX Inc. PAC

Mailing Address 2211 Sanders Road

City State Zip Code
Northbrook IL 60052

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 5

Transaction ID: A-C5898

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 73
	(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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Union Pacific Corporation Fund For Effective Government

Mailing Address 600 13th Street NW
Suite 340

City Washington State DC Zip Code 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	0	5

Transaction ID: A-C5897

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	45922.29

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)
Michael Burgess for Congress

A. CardService International Full Name (Last, First, Middle Initial) Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062-5180 Purpose of Disbursement Credit card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5935 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 10.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. CardService International Full Name (Last, First, Middle Initial) Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062-5180 Purpose of Disbursement Credit card modem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5938 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

C. Dr. Michael C. Burgess Full Name (Last, First, Middle Initial) Mailing Address 106 Highland Lake Drive City Highland Village State TX Zip Code 75077-6736 Purpose of Disbursement Travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5697 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 132.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	220.36
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: B-E-5937 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 213.90
City Fort Worth State TX Zip Code 76155-2605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airplane ticket Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Completecampaigns.com		Transaction ID: B-E-5756 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 500.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign software Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Denton Florist		Transaction ID: B-E-5755 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 101 N Elm Street Suite 100		Amount of Each Disbursement this Period 67.01
City Denton State TX Zip Code 76201-4178	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Floral arrangement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	780.91
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. US House Members Dining Room		Transaction ID: B-E-5940 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 53.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Southwest		Transaction ID: B-E-5757 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 290.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephone expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B-E-5758 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 172.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telephone expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	516.67
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 37 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B-E-5941 Date of Disbursement 10 / 13 / 2005
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 347.49
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blackberry purchase	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Racetrac		Transaction ID: B-E-5980 Date of Disbursement 10 / 14 / 2005
Mailing Address 3318 S Main Street		Amount of Each Disbursement this Period 66.60
City Lindale State TX Zip Code 75771-7727	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. House Gift Shop		Transaction ID: B-E-5945 Date of Disbursement 10 / 18 / 2005
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 18.00
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mementos	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	432.09
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 38 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. American Legion		Transaction ID: B-E-5759 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address Kenneth H. Nash Post No. 8 224 D Street, SE		Amount of Each Disbursement this Period 395.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Program advertisement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Sherman		Transaction ID: B-E-5760 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 32 Timbergreen Circle		Amount of Each Disbursement this Period 700.00
City Denton State TX Zip Code 76205-8577	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DBR Publishing Co., LLC		Transaction ID: B-E-5949 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 11375 E. 61st- Suite 102 P.O. Box 470303		Amount of Each Disbursement this Period 150.00
City Tulsa State OK Zip Code 74147-0303	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising expense Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1245.00
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 39 / 73

<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)
Michael Burgess for Congress

A. Kroger Full Name (Last, First, Middle Initial) Mailing Address 500 W University Drive City Denton State TX Zip Code 76201-1844 Purpose of Disbursement Gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5948 Date of Disbursement 10 / 21 / 2005 Amount of Each Disbursement this Period 58.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Magnolia Group, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3503 Dickason Avenue Suite B City Dallas State TX Zip Code 75219 Purpose of Disbursement Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5764 Date of Disbursement 10 / 21 / 2005 Amount of Each Disbursement this Period 3873.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Bethesda Main Post Office City Bethesda State MD Zip Code 20814-9998 Purpose of Disbursement Postage expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5947 Date of Disbursement 10 / 21 / 2005 Amount of Each Disbursement this Period 6.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3938.88
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Terry Widmer		Transaction ID: B-I-5761 Date of Disbursement 10 / 22 / 2005	
Mailing Address 8949 David Fort Road		Amount of Each Disbursement this Period 850.00	
City Argyle State TX Zip Code 76226-2950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Inkind: Catering expense Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Terry Widmer		Transaction ID: B-I-5762 Date of Disbursement 10 / 22 / 2005	
Mailing Address 8949 David Fort Road		Amount of Each Disbursement this Period 350.00	
City Argyle State TX Zip Code 76226-2950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Inkind: Catering expense Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. POWER PAC Edison Electric Institute		Transaction ID: B-I-5934 Date of Disbursement 10 / 25 / 2005	
Mailing Address 701 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 422.29	
City Washington State DC Zip Code 20004-2608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Purpose of Disbursement Inkind: Catering Expense Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1622.29
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates, Inc.		Transaction ID: B-E-5765 Date of Disbursement 10 / 27 / 2005	
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 750.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising consulting Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: B-E-5767 Date of Disbursement 10 / 27 / 2005	
Mailing Address 211 Justin Road		Amount of Each Disbursement this Period 256.29	
City Lewisville State TX Zip Code 75067	Purpose of Disbursement Telephone expense Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Talent PayMaster, Inc.		Transaction ID: B-E-5768 Date of Disbursement 10 / 27 / 2005	
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 4988.75	
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Financial consulting Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5995.04
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Twenty East Agency, LLC		Transaction ID: B-E-5766 Date of Disbursement 10 / 27 / 2005	
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 54.13	
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Website hosting Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. US House Members Dining Room		Transaction ID: B-E-5951 Date of Disbursement 10 / 27 / 2005	
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 23.40	
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. CardService International		Transaction ID: B-E-5936 Date of Disbursement 10 / 31 / 2005	
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 13.35	
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement Credit card processing fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	90.88
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)
Michael Burgess for Congress

A. Racetrac Full Name (Last, First, Middle Initial) Mailing Address 3318 S Main Street City Lindale State TX Zip Code 75771-7727 Purpose of Disbursement Gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5953 Date of Disbursement 10 / 31 / 2005 Amount of Each Disbursement this Period 57.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Bethesda Main Post Office City Bethesda State MD Zip Code 20814-9998 Purpose of Disbursement Postage expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5952 Date of Disbursement 10 / 31 / 2005 Amount of Each Disbursement this Period 5.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Athletic World Advertising Full Name (Last, First, Middle Initial) Mailing Address 3340 North College Avenue P.O. Box 8730 City Fayetteville State AR Zip Code 72703 Purpose of Disbursement Football program advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5798 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 209.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	272.54
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B-E-5955 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 32.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telephone expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: B-E-5956 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 44.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telephone expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US House Members Dining Room		Transaction ID: B-E-5957 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 65.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	141.98
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. CardService International		Transaction ID: B-E-5954 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 24.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement Credit card processing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CardService International		Transaction ID: B-E-5958 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 37.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement Credit card modem Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Completecampaigns.com		Transaction ID: B-E-5809 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102-4548	Purpose of Disbursement Campaign software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	561.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) Jeffrey D. Williams		Transaction ID: B-E-5808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 40 South Van Dorn Street D309		Amount of Each Disbursement this Period 300.00
City Alexandria State VA Zip Code 22304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contract Labor- Administrative	Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Bogart Associates, Inc.		Transaction ID: B-E-5810 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 350.00
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting	Candidate Name	Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Office Depot		Transaction ID: B-E-5962 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 224.66
City Denton State TX Zip Code 76205-7532	<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 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	874.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Texas GOP Lunch		Transaction ID: B-E-5812 Date of Disbursement 11 / 07 / 2005
Mailing Address United States Capital Ste. H1-22		Amount of Each Disbursement this Period 140.00
City Washington State DC Zip Code 20215	Purpose of Disbursement Meal expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. U.S. House Gift Shop		Transaction ID: B-E-5961 Date of Disbursement 11 / 07 / 2005
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 102.52
City Washington State DC Zip Code 20515	Purpose of Disbursement Office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B-E-5811 Date of Disbursement 11 / 07 / 2005
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 148.86
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telephone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	391.38
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates, Inc.		Transaction ID: B-E-5814 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2397.30 <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 Fundraiser catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates, Inc.		Transaction ID: B-E-5815 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3600.00 <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 Fundraiser catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Denton Country Club		Transaction ID: B-E-5816 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1213 Country Club Road		Amount of Each Disbursement this Period 1967.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Argyle State TX Zip Code 76226	Purpose of Disbursement Fundraiser catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7964.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Denton County Republican Party		Transaction ID: B-E-5818 Date of Disbursement 11 / 09 / 2005
Mailing Address 325 Pearl Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76201-9051	011 Category/ Type	
Purpose of Disbursement Volunteer dinner sponsorship Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Huckaby-Davis-Lisker		Transaction ID: B-E-5817 Date of Disbursement 11 / 09 / 2005
Mailing Address 228 S Washington Street Suite 200		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-5404	001 Category/ Type	
Purpose of Disbursement FEC compliance consulting Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Southwest		Transaction ID: B-E-5819 Date of Disbursement 11 / 09 / 2005
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 294.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	001 Category/ Type	
Purpose of Disbursement Telephone expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1294.03
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-5967 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 384.24
City Denton State TX Zip Code 76205-7532	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. On the Border		Transaction ID: B-E-5965 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 75 Central Highway		Amount of Each Disbursement this Period 44.37
City Allen State TX Zip Code 75013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Racetrac		Transaction ID: B-E-5966 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 3318 S Main Street		Amount of Each Disbursement this Period 47.16
City Lindale State TX Zip Code 75771-7727	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	475.77
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)
Michael Burgess for Congress

<p>A. Racetrac</p> <p>Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p>		<p>Transaction ID: B-E-5970</p> <p>Date of Disbursement 11 / 17 / 2005</p>
<p>Mailing Address 3318 S Main Street</p>		<p>Amount of Each Disbursement this Period 45.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Lindale State TX Zip Code 75771-7727</p>	<p>Purpose of Disbursement Gas expense Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Cooper's Copies & Printing</p> <p>Full Name (Last, First, Middle Initial) Cooper's Copies & Printing</p>		<p>Transaction ID: B-E-5973</p> <p>Date of Disbursement 11 / 18 / 2005</p>
<p>Mailing Address 1024 Dallas Drive</p>		<p>Amount of Each Disbursement this Period 97.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Denton State TX Zip Code 76205-5278</p>	<p>Purpose of Disbursement Printing expense Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Racetrac</p> <p>Full Name (Last, First, Middle Initial) Racetrac</p>		<p>Transaction ID: B-E-5981</p> <p>Date of Disbursement 11 / 21 / 2005</p>
<p>Mailing Address 3318 S Main Street</p>		<p>Amount of Each Disbursement this Period 5.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Lindale State TX Zip Code 75771-7727</p>	<p>Purpose of Disbursement Gas expense Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>149.03</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. US House Members Dining Room		Transaction ID: B-E-5974 Date of Disbursement 11 / 21 / 2005
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 28.65
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: B-E-5975 Date of Disbursement 11 / 22 / 2005
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 5.00
City Fort Worth State TX Zip Code 76155-2605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Racetrac		Transaction ID: B-E-5982 Date of Disbursement 11 / 22 / 2005
Mailing Address 3318 S Main Street		Amount of Each Disbursement this Period 23.25
City Lindale State TX Zip Code 75771-7727	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	56.90
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-5976 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 42.30
City Denton State TX Zip Code 76205-7532	<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 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Racetrac		Transaction ID: B-E-5983 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address 3318 S Main Street		Amount of Each Disbursement this Period 46.58
City Lindale State TX Zip Code 75771-7727	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bogart Associates, Inc.		Transaction ID: B-E-5868 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 350.00
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising commissions Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	438.88
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Magnolia Group, Inc.		Transaction ID: B-E-5869 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 3503 Dickason Avenue Suite B		Amount of Each Disbursement this Period 4652.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75219	Purpose of Disbursement Fundraising consulting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Party Of Texas		Transaction ID: B-E-5865 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 900 Congress Avenue Suite 300		Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701	Purpose of Disbursement Campaign filing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Sherman		Transaction ID: B-E-5866 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 32 Timbergreen Circle		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-8577	Purpose of Disbursement Office rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8477.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Public Identity, Inc. Full Name (Last, First, Middle Initial) Mailing Address 8380 Melrose Avenue Suite 106 City Los Angeles State CA Zip Code 90069 Purpose of Disbursement Printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5984 Date of Disbursement 11 / 30 / 2005 Amount of Each Disbursement this Period 226.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Denton Florist Full Name (Last, First, Middle Initial) Mailing Address 101 N Elm Street Suite 100 City Denton State TX Zip Code 76201-4178 Purpose of Disbursement Floral arrangement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5986 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 67.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Racetrac Full Name (Last, First, Middle Initial) Mailing Address 3318 S Main Street City Lindale State TX Zip Code 75771-7727 Purpose of Disbursement Gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5985 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 43.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	337.43
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 56 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-5990 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 85.50
City Denton State TX Zip Code 76205-7532	<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 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B-E-5988 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address Bethesda Main Post Office		Amount of Each Disbursement this Period 30.39
City Bethesda State MD Zip Code 20814-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CardService International		Transaction ID: B-E-5991 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 16.35
City Simi Valley State CA Zip Code 93062-5180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card processing fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	132.24
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. CardService International		Transaction ID: B-E-5999 Date of Disbursement 12 / 05 / 2005
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 36.75
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement Credit card modem Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. On the Border		Transaction ID: B-E-5998 Date of Disbursement 12 / 05 / 2005
Mailing Address 75 Central Highway		Amount of Each Disbursement this Period 93.79
City Allen State TX Zip Code 75013	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Racetrac		Transaction ID: B-E-5997 Date of Disbursement 12 / 05 / 2005
Mailing Address 3318 S Main Street		Amount of Each Disbursement this Period 41.15
City Lindale State TX Zip Code 75771-7727	Purpose of Disbursement Gas expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	171.69
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 58 / 73

<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)
Michael Burgess for Congress

A. Cantina Laredo Full Name (Last, First, Middle Initial) Mailing Address 2225 S Stemmons Freeway City Lewisville State TX Zip Code 75067-8760 Purpose of Disbursement Meal expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-6001 Date of Disbursement 12 / 06 / 2005 Amount of Each Disbursement this Period 50.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Eppstein Group Full Name (Last, First, Middle Initial) Mailing Address 4055 International Plaza City Fort Worth State TX Zip Code 76109-4874 Purpose of Disbursement Political consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5872 Date of Disbursement 12 / 06 / 2005 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Delivery fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-6000 Date of Disbursement 12 / 06 / 2005 Amount of Each Disbursement this Period 23.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2574.29
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 59 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Twenty East Agency, LLC		Transaction ID: B-E-5875 Date of Disbursement 12 / 06 / 2005	
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 54.13	
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Website hosting Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B-E-5874 Date of Disbursement 12 / 06 / 2005	
Mailing Address Bethesda Main Post Office		Amount of Each Disbursement this Period 2195.00	
City Bethesda State MD Zip Code 20814-9998	Purpose of Disbursement Postage Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B-E-5880 Date of Disbursement 12 / 06 / 2005	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 149.36	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Telephone expense Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)	2398.49
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: B-E-5884 Date of Disbursement 12 / 08 / 2005
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 30.56
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meal expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Magnolia Group, Inc.		Transaction ID: B-E-5883 Date of Disbursement 12 / 08 / 2005
Mailing Address 3503 Dickason Avenue Suite B		Amount of Each Disbursement this Period 4801.81
City Dallas State TX Zip Code 75219	Purpose of Disbursement Fundraising consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-6003 Date of Disbursement 12 / 08 / 2005
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 26.31
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement Office supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4858.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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)
Michael Burgess for Congress

<p>A. Full Name (Last, First, Middle Initial) Kroger</p> <p>Mailing Address 500 W University Drive</p> <p>City Denton State TX Zip Code 76201-1844</p> <p>Purpose of Disbursement Gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-6005</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.58"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Purpose of Disbursement</p> <p>Gas expense</p> <p>Category/Type <input type="text" value="001"/></p>		<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Full Name (Last, First, Middle Initial) US House Members Dining Room</p> <p>Mailing Address US Capitol Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-6006</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Purpose of Disbursement</p> <p>Meal expense</p> <p>Category/Type <input type="text" value="001"/></p>		<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Full Name (Last, First, Middle Initial) US House Members Dining Room</p> <p>Mailing Address US Capitol Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-6007</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="177.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Purpose of Disbursement</p> <p>Meal expense</p> <p>Category/Type <input type="text" value="001"/></p>		<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="269.47"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Completecampaigns.com		Transaction ID: B-E-5886 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 500.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign software Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Southwest		Transaction ID: B-E-5885 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 292.60
City Dallas State TX Zip Code 75392-0041	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dr. Michael C. Burgess		Transaction ID: B-E-5887 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 106 Highland Lake Drive		Amount of Each Disbursement this Period 330.05
City Highland Village State TX Zip Code 75077-6736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel expense reimbursement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1122.65
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: B-E-6008 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 73.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lewisville Chamber of Commerce		Transaction ID: B-E-6011 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 551 N Valley Parkway		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lewisville State TX Zip Code 75067-3437	Purpose of Disbursement Banquet Tickets Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: B-E-6010 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 120.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	844.71
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. CardService International		Transaction ID: B-E-6012 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 10.68
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement Credit card processing fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Kroger		Transaction ID: B-E-6013 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 500 W University Drive		Amount of Each Disbursement this Period 48.08
City Denton State TX Zip Code 76201-1844	Purpose of Disbursement Gas expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. US House Members Dining Room		Transaction ID: B-E-6016 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 7.28
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	66.04
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. US House Members Dining Room		Transaction ID: B-E-6018 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 53.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) B. US House Members Dining Room		Transaction ID: B-E-6019 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 23.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: B-E-6020 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 36.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1826	Purpose of Disbursement Meal expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	113.29
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)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates, Inc.		Transaction ID: B-E-5900 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2036.78 <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 Fundraising Consulting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Talent PayMaster, Inc.		Transaction ID: B-E-5902 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 7150.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Salary Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Twenty East Agency, LLC		Transaction ID: B-E-5901 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 54.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Website Management Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9241.41
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)
Michael Burgess for Congress

A. Verizon Wireless

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement Telephone Expense
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-E-5904

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

B. Robert Sherman

Full Name (Last, First, Middle Initial)
Mailing Address 32 Timbergreen Circle

City Denton State TX Zip Code 76205-8577

Purpose of Disbursement Rent
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-E-5903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

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 68 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. PediPlace		Transaction ID: B-E-5698 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 502 S. Old Orchard		Amount of Each Disbursement this Period 500.00
City Lewisville State TX Zip Code 75067	Purpose of Disbursement Contribution	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 012
State: District:		

Full Name (Last, First, Middle Initial) B. Children's Advocacy Center for Denton Co.		Transaction ID: B-E-5751 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 1960 Archer Avenue		Amount of Each Disbursement this Period 300.00
City Lewisville State TX Zip Code 75077-7602	Purpose of Disbursement Golf fundraiser sponsorship	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 012
State: District:		

Full Name (Last, First, Middle Initial) C. Dallas County Republican Party		Transaction ID: B-E-5752 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 10100 North Central Expressway Suite 175		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75231	Purpose of Disbursement Contribution	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
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 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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Denton Benefit League		Transaction ID: B-E-5753 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address PO Box 725		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76202-0725	Purpose of Disbursement Charity Ball sponsorship Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NRCC (National Republican Congressional Committee)		Transaction ID: B-E-5754 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Transfer of Surplus Funds Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Red Cross- Chisholm Trail Chapter		Transaction ID: B-E-5946 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 1515 S Sylvania Avenue		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Worth State TX Zip Code 76111-1007	Purpose of Disbursement Charitable donation Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	26200.00
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 70 / 73

<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)
Michael Burgess for Congress

A. Truitt for District 98 Full Name (Last, First, Middle Initial) Mailing Address PO Box 886 City Keller State TX Zip Code 76244 Purpose of Disbursement Campaign contribution Candidate Name Hon. Vicki Truitt Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5763 Date of Disbursement 10 / 20 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (For State/Local Candidate Support)
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B. Friends of Katherine Harris Full Name (Last, First, Middle Initial) Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement Campaign Contribution Candidate Name Hon. Katherine Harris Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5813 Date of Disbursement 11 / 09 / 2005 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Judge Jim Crouch Campaign Full Name (Last, First, Middle Initial) Mailing Address 1289 Michael Avenue City Lewisville State TX Zip Code 75077 Purpose of Disbursement For State/Local Candidate Supp Candidate Name Hon. Jim Crouch Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-5821 Date of Disbursement 11 / 10 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (For State/Local Candidate Support)
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SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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 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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Judge Mary Horn Campaign		Transaction ID: B-E-5820 Date of Disbursement 11 / 10 / 2005
Mailing Address P.O. Box 73		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (For State/Local Candidate Support)
City Denton State TX Zip Code 76202	011 Category/Type	
Purpose of Disbursement For State/Local Candidate Supp		
Candidate Name Hon. Mary Horn		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heroes Of Denton County		Transaction ID: B-E-5870 Date of Disbursement 11 / 28 / 2005
Mailing Address 1278 Justin Road Suite 109		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lewisville State TX Zip Code 75077-2200	012 Category/Type	
Purpose of Disbursement First Responders fundraiser		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Osborne for Governor		Transaction ID: B-E-5867 Date of Disbursement 11 / 28 / 2005
Mailing Address P.O. Box 80668		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (For State/Local Candidate Support)
City Lincoln State NE Zip Code 68501	011 Category/Type	
Purpose of Disbursement Campaign contribution		
Candidate Name Mr. Tom Osborne		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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 72 / 73

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. African Americans Against AIDS		Transaction ID: B-E-5871 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 1019 W Enon Avenue		Amount of Each Disbursement this Period 1000.00
City Fort Worth State TX Zip Code 76140-3648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Charitable contribution Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Texans for Senator John Cornyn		Transaction ID: B-E-5881 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 807 Brazos Street Suite 800		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78701-2520	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign contribution Candidate Name Hon. John Cornyn		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. House Conservatives Fund		Transaction ID: B-E-5882 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 3101 Wilson Blvd. Suite 810		Amount of Each Disbursement this Period 500.00
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	38500.00

Image# 27940104221

Form/Schedule: **F3A**

Transaction ID:

Contribution threshold limits and summary numbers listed on Form 3Z-1 may reflect overages due to previous cycle contributions and debt retirement contributions that have aggregated since that last election date [post 11-/2/2004]. The Committee is pleased to provide additional information upon request.
