

# 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  
Kay Granger Campaign Fund

ADDRESS (number and street) 715 Jones Street, Suite 101  
 Check if different than previously reported. (ACC)  
Fort Worth TX 76102

2. **FEC IDENTIFICATION NUMBER** C00310532  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
TX 12

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 07 01 2008 through 09 30 2008

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 Rice M. Tilley, Jr.

Signature of Treasurer Electronically Filed by Rice M. Tilley, Jr. Date 10 15 2008

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

Kay Granger Campaign Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	134555.00	1276184.25
(b) Total Contribution Refunds (from Line 20(d)).....	50.00	2982.11
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	134505.00	1273202.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	109617.01	959741.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	435.36	3953.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	109181.65	955787.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	218687.68	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7674.89	

**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 12/2003)

Write or Type Committee Name  
 Kay Granger Campaign Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

40400.00

714442.51

(ii) Unitemized.....

3155.00

61719.00

(iii) TOTAL of contributions

43555.00

776161.51

from individuals..... ▶

0.00

500.00

(b) Political Party Committees.....

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

91000.00

499522.74

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

134555.00

1276184.25

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

435.36

3953.57

15. OTHER RECEIPTS

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

257.60

1621.38

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

135247.96

1281759.20

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	109617.01	959741.54
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.....	50.00	2982.11
(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)).....	50.00	2982.11
21. OTHER DISBURSEMENTS.....	27950.00	469297.64
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	137617.01	1432021.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	221056.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	135247.96
25. SUBTOTAL (add Line 23 and Line 24).....	356304.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	137617.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	218687.68

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 120
	<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)  
Key Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Sam W. Acola		Date of Receipt
	Mailing Address P.O. Box 9306		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2008
	City	State	Zip Code
	Fort Worth	TX	76147
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81004.C20562
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 200.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Marcy Akers		Date of Receipt
	Mailing Address 2218 Lake Country Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008
	City	State	Zip Code
	Weatherford	TX	76087
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80811.C20421
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles E. Amato		Date of Receipt
	Mailing Address 9311 San Pedro Ave., Suite 600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 07 / 2008
	City	State	Zip Code
	San Antonio	TX	78216
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80905.C20474
Name of Employer SW Business Corp.		Occupation Chairman	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 120
	<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)  
 Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca L. Anderson	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address Williams & Jensen 1155 21st Street, NW, Suite 300	<b>Transaction ID:</b> 80905.C20515
	City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Williams & Jensen, PC Occupation Partner	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeanne M. Audet	Date of Receipt MM / DD / YYYY 07 / 25 / 2008
	Mailing Address 106 Kortney Dr.	<b>Transaction ID:</b> 80728.C20388
	City Weatherford State TX Zip Code 76087	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Attorney	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) George F Bearden, Jr.	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address P.O. Box 1923	<b>Transaction ID:</b> 80811.C20442
	City Weatherford State TX Zip Code 76086	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer First National Bank Occupation Banker	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 120
	<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)  
 Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne N. Bergman		Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 609 West Josephine Street		Transaction ID: 80728.C20384
	City Weatherford	State TX	Zip Code 76086
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Retired	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) Diane E Bowes		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address P. O. Box 9595		Transaction ID: 80905.C20452
	City Amarillo	State TX	Zip Code 79105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Investments, Ranching, Energy	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
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<b>C.</b>	Full Name (Last, First, Middle Initial) Betsy D. Browder		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 203 Highland Dr		Transaction ID: 80811.C20428
	City Aledo	State TX	Zip Code 76008
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer TXU	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 120
	<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)  
Key Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth H. Bruder	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 5925 Forest Lane, Suite 507	<b>Transaction ID:</b> 80924.C20538
	City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Bruder Company, Inc. President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph A. Cacci	Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 3107 N. Oakland St.	<b>Transaction ID:</b> 80728.C20372
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Relativity Capital LLC Principal	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David F. Clark	Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 11510 Toponga	<b>Transaction ID:</b> 80905.C20475
	City State Zip Code Boerne TX 78006	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Loeffler Tuggey Rosenthal Attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pattilou P. Dawkins</p> <p>Mailing Address <b>Wolflin Mortgage Company</b> 2805 South Travis Street</p> <p>City <b>Amarillo</b> State <b>TX</b> Zip Code <b>79109-3523</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>Wolflin Mortgage Co.</b> Occupation <b>President</b></p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2008</p> <p><b>Transaction ID: 80728.C20366</b></p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) David Deison</p> <p>Mailing Address <b>P.O. Box 1177</b></p> <p>City <b>Weatherford</b> State <b>TX</b> Zip Code <b>76086</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>Self</b> Occupation <b>CPA</b></p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2008</p> <p><b>Transaction ID: 80728.C20380</b></p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Dunaway</p> <p>Mailing Address <b>2104 Forest Trail</b></p> <p>City <b>Austin</b> State <b>TX</b> Zip Code <b>78703</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>Self</b> Occupation <b>Dunaway Public Relations</b></p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2008</p> <p><b>Transaction ID: 80905.C20491</b></p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Jerry Durant  
Mailing Address P.O. Box 839  
City State Zip Code  
Weatherford TX 76086  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
JERRYS GM LTD CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt: 08 / 01 / 2008  
Transaction ID: 80811.C20420  
Amount of Each Receipt this Period: 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charlotte A. Finley  
Mailing Address 1308 Lake Street  
City State Zip Code  
Fort Worth TX 76102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt: 07 / 25 / 2008  
Transaction ID: 80728.C20386  
Amount of Each Receipt this Period: 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James D. Finley  
Mailing Address 1308 Lake Street  
City State Zip Code  
Fort Worth TX 76102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Finley Resources, Inc. Oil & Gas  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼  
Date of Receipt: 07 / 25 / 2008  
Transaction ID: 80728.C20385  
Amount of Each Receipt this Period: 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Gail Fowler

Mailing Address 2301 Greenwood Rd.

City State Zip Code  
Weatherford TX 76088

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 80811.C20418

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Phil Gamble

Mailing Address 6433 Soter Pkwy

City State Zip Code  
Austin TX 78735

FEC ID number of contributing federal political committee. C

Name of Employer Hance Scarborough, LLP Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2008

**Transaction ID:** 80905.C20489

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Roy J. Grogan

Mailing Address 12 Fossil Hill Road

City State Zip Code  
Weatherford TX 76087

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2008

**Transaction ID:** 80905.C20460

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 120
	<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)  
 Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Clint Hackney		Date of Receipt
	Mailing Address P.O. Box 163164		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2008
	City	State	Zip Code
	Austin	TX	78716
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80924.C20536
Name of Employer Clint Hackney & Associates		Occupation Lobbyist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Leigh Heflin		Date of Receipt
	Mailing Address 3587 Farmer Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 19 / 2008
	City	State	Zip Code
	Azle	TX	76020-1101
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80905.C20510
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Clayton J. Heil		Date of Receipt
	Mailing Address 213 South Lee Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2008
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81004.C20565
Name of Employer Icemiller Strategies LLC		Occupation Strategic Consulting	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 13 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Wallace J. Henderson  
 Mailing Address 1309 The Circle  
 City Austin State TX Zip Code 78704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tuggey Rosenthal Pauerstein Sa Occupation Attorney  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 08 / 07 / 2008  
**Transaction ID:** 80905.C20483  
 Amount of Each Receipt this Period 250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William M. Henderson  
 Mailing Address 2602 Inwood Briar  
 City San Antonio State TX Zip Code 78248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Operational Technologies Corp. Occupation CFO  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 08 / 07 / 2008  
**Transaction ID:** 80905.C20480  
 Amount of Each Receipt this Period 250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ryan A. Henry  
 Mailing Address 818 Connecticut Ave., NW, Ste 1100  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RH Strategies Occupation Principal  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify)   
 Date of Receipt 07 / 28 / 2008  
**Transaction ID:** 80728.C20405  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 14 / 120</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Margaret M. Hession	Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address 2804 Rae Dell	<b>Transaction ID:</b> 80905.C20485
	City Austin State TX Zip Code 78704	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Tuggey Rosenthal Pauerstein Sa Occupation Principal Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret M. Hession	Date of Receipt MM / DD / YYYY 08 / 16 / 2008
	Mailing Address 2804 Rae Dell	<b>Transaction ID:</b> 80905.C20506
	City Austin State TX Zip Code 78704	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Note: Reattribution
	Name of Employer Tuggey Rosenthal Pauerstein Sa Occupation Principal Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kemp Smith LLP	Date of Receipt MM / DD / YYYY 08 / 14 / 2008
	Mailing Address 816 Congress, Suite 1150	<b>Transaction ID:</b> 80905.C20498
	City Austin State TX Zip Code 78701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Tom Forbes

Mailing Address 816 Congress, Suite 1150

City Austin State TX Zip Code 78701

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

Name of Employer Kemp Smith LLP Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2008

Transaction ID: 80905.C20499

Amount of Each Receipt this Period 250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership->Kemp Smith LLP

**B.**

Full Name (Last, First, Middle Initial)  
Audrey LaFleur

Mailing Address 210 Clear Lake Lane

City Weatherford State TX Zip Code 76087

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 08 / 14 / 2008

Transaction ID: 80905.C20501

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Alyssa M. Le Sage

Mailing Address 309 Riley St

City Falls Church State VA Zip Code 22046

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

Name of Employer SEI Occupation Strategic Program Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2008

Transaction ID: 80905.C20516

Amount of Each Receipt this Period 500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Marianne K. Leal

Mailing Address 1220 N. Main Street, Suite 115

City State Zip Code  
Fort Worth TX 76106

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

Name of Employer State Farm Insurance      Occupation Insurance

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

475.00

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

Transaction ID: 80905.C20459

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Glenn B. LeMunyon

Mailing Address The LeMunyon Group  
419 Constitution Avenue NE

City State Zip Code  
Washington DC 20002-5923

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

Name of Employer The LeMunyon Group, LLC      Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4518.23

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: 81004.C20559

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Karen Lewis

Mailing Address Williams & Jensen, PC  
1155 21st Street, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Williams & Jensen, PC      Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 7 / 2 8 / 2 0 0 8

Transaction ID: 80728.C20400

Amount of Each Receipt this Period  
250.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Rick Lopez

Mailing Address 6900 La Cantera Dr

City State Zip Code  
Fort Worth TX 76108

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

Name of Employer Occupation  
Able Communications Contractor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 8

Transaction ID: 80905.C20454

Amount of Each Receipt this Period

250.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
William J. Luck

Mailing Address Luck Optical  
7108 Camp Bowie Boulevard

City State Zip Code  
Fort Worth TX 76116-7121

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

Name of Employer Occupation  
Self Optometrist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80905.C20494

Amount of Each Receipt this Period

200.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
H.W. Markwardt

Mailing Address 4255 Bryant Irwin Rd, #210

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80905.C20502

Amount of Each Receipt this Period

250.00

Receipt

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

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

700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 120
	<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)  
Key Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen B Markwardt	Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 5 Fossil Hill Rd	<b>Transaction ID:</b> 80905.C20495
	City State Zip Code Weatherford TX 76087	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Publisher	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia G. Martin	Date of Receipt MM / DD / YYYY 07 / 30 / 2008
	Mailing Address 19 Crown Road	<b>Transaction ID:</b> 80805.C20407
	City State Zip Code Weatherford TX 76087	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Adams & Bennett	Occupation Professional	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon R. Mayes	Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address P.O. Box 341149	<b>Transaction ID:</b> 80905.C20488
	City State Zip Code Austin TX 78734	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Applied Physical Electronics	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol A. McDaid	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address Capitol Decisions, Inc 101 Constitution Avenue, NW,	Transaction ID: 80924.C20532
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Capitol Decisions, Inc.	Occupation Principal
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Meade	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 702 Berry St.	Transaction ID: 80811.C20440
	City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer BKSH & Associates	Occupation Director
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff Morrow	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 2505 Old Trinity Way	Transaction ID: 80728.C20404
	City State Zip Code Fort Worth TX 76116	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Regis Corp.	Occupation Real Estate
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
James H. Poythress

Mailing Address 601 Squaw Creek Rd.

City Willow Park State TX Zip Code 76087

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 23 / 2008  
Transaction ID: 80728.C20382  
Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gary Raba

Mailing Address 2815 Low Oak St.

City San Antonio State TX Zip Code 78232

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

Name of Employer Raba-Kistner Consultants Inc. Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2008  
Transaction ID: 80811.C20413  
Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arthur Riklin

Mailing Address 122 Laburnum

City San Antonio State TX Zip Code 78209

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2008  
Transaction ID: 80728.C20394  
Amount of Each Receipt this Period 250.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Peter J. Rose

Mailing Address The Franklin Partnership, LLC  
500 New Jersey Ave, NW, Ste 400

City Washington State DC Zip Code 20005

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

Name of Employer The Franklin Partnership, LLC Occupation Founding Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2008

Transaction ID: 80728.C20370

Amount of Each Receipt this Period  
1000.00

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

1000.00

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

Mailing Address The Franklin Partnership, LLC  
500 New Jersey Ave, NW, Ste 400

City Washington State DC Zip Code 20005

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

Name of Employer The Franklin Partnership, LLC Occupation Founding Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2008

Transaction ID: 80805.C20409

Amount of Each Receipt this Period  
-1000.00

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

Note: Returned check

0.00

**C.** Full Name (Last, First, Middle Initial)  
Peter J. Rose

Mailing Address The Franklin Partnership, LLC  
500 New Jersey Ave, NW, Ste 400

City Washington State DC Zip Code 20005

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

Name of Employer The Franklin Partnership, LLC Occupation Founding Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2008

Transaction ID: 80924.C20533

Amount of Each Receipt this Period  
1300.00

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

1300.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Peter J. Rose

Mailing Address The Franklin Partnership, LLC  
500 New Jersey Ave, NW, Ste 400

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
The Franklin Partnership, LLC Founding Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80924.C20531

Amount of Each Receipt this Period  
1000.00

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

2300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael D. Ryan

Mailing Address Water Gate West #409  
2700 Virginia Avenue

City State Zip Code  
Washington DC 20037

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

Name of Employer Occupation  
Livingston Group Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81004.C20566

Amount of Each Receipt this Period  
1000.00

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

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne B. Scott

Mailing Address 264 Larchmont

City State Zip Code  
San Antonio TX 78209

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

Name of Employer Occupation  
San Antonio River Authority General Manager

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 80905.C20481

Amount of Each Receipt this Period  
250.00

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

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 120
	<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)  
**Key Granger Campaign Fund**

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe E. Sharp	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 4009 Airport Freeway	<b>Transaction ID:</b> 80728.C20383
	City State Zip Code Bedford TX 76021	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Banking Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3800.00	<b>Note:</b> \$1000 refunded 10/1-4/08

<b>B.</b>	Full Name (Last, First, Middle Initial) D.A. Sharpe	Date of Receipt MM / DD / YYYY 08 / 19 / 2008
	Mailing Address 805 Derting Road East	<b>Transaction ID:</b> 80905.C20509
	City State Zip Code Aurora TX 76078-3712	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Allan N. Shulkin	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address 7777 Forest Lane, Suite B202	<b>Transaction ID:</b> 80924.C20547
	City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Physician Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 25 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Russell Steagall

Mailing Address 300 Chuck Wagon Trail

City State Zip Code  
Azle TX 76020

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

Name of Employer Self Employed      Occupation Entertainer

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 80924.C20528

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

**B.** Full Name (Last, First, Middle Initial)  
Steward Builders, LLC

Mailing Address 2105 Trace Ridge Dr

City State Zip Code  
Weatherford TX 76087

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

Name of Employer      Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80905.C20503

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

**C.** Full Name (Last, First, Middle Initial)  
Lonnie Steward

Mailing Address 2105 Trace Ridge Dr

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Steward Builders, LLC      Occupation Partner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 80905.C20504

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership->Steward Builders, LLC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 120  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Jay Stewart

Mailing Address 8709 Azalea Trail

City Austin State TX Zip Code 78759

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

Name of Employer Hance Scarborough, LLP Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2008

Transaction ID: 80905.C20490

Amount of Each Receipt this Period 500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
John T. Thomas

Mailing Address 3100 Robert Drive

City Richardson State TX Zip Code 75082

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

Name of Employer Cirrus Health Occupation Health Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2008

Transaction ID: 80728.C20367

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Timothy N. Tuggey

Mailing Address 2804 Rae Dell

City Austin State TX Zip Code 78704

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

Name of Employer Tuggey Rosenthal Pauerstein Sa Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 08 / 07 / 2008

Transaction ID: 80905.C20484

Amount of Each Receipt this Period 2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3800.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 120  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Timothy N. Tuggey  
Mailing Address 2804 Rae Dell  
City Austin State TX Zip Code 78704  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 16 / 2008  
Transaction ID: 80905.C20505  
Amount of Each Receipt this Period: -200.00

Name of Employer: Tuggey Rosenthal Pauerstein Sa  
Occupation: Partner  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 4600.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Reattribution

**B.** Full Name (Last, First, Middle Initial)  
Letitia H. White  
Mailing Address 525 Ninth Street, NW, Suite 800  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 07 / 28 / 2008  
Transaction ID: 80728.C20398  
Amount of Each Receipt this Period: 250.00

Name of Employer: Innovative Federal Strategies  
Occupation: Government Relations  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pete Winstead  
Mailing Address 79 Pascal Lane  
City Austin State TX Zip Code 78746  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 08 / 08 / 2008  
Transaction ID: 80811.C20445  
Amount of Each Receipt this Period: 250.00

Name of Employer: Winstead, Sechrest, Minick  
Occupation: Attorney  
Receipt For: 2008  
 Primary  General  Other (specify) ▼  
Election Cycle-to-Date: 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Michael L Woodward

Mailing Address 205 Springwood Rd.

City State Zip Code  
Dripping Springs TX 78620

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

Name of Employer Occupation  
Hance Scarborough, LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 80905.C20487

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40400.00

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

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

FOR LINE NUMBER: PAGE 29 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Air Line Pilots Association PAC  
 Mailing Address 1625 Massachusetts Ave NW  
 City Washington State DC Zip Code 20036  
 Date of Receipt 08 / 08 / 2008  
**Transaction ID:** 80811.C20450  
 Amount of Each Receipt this Period 2500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00  
 FEC ID number of contributing federal political committee. **C** C00035451

**B.** Full Name (Last, First, Middle Initial)  
 Aircraft Owners & Pilots Assn PAC  
 Mailing Address John Williams  
 421 Aviation Way  
 City Frederick State MD Zip Code 21701  
 Date of Receipt 07 / 28 / 2008  
**Transaction ID:** 80728.C20395  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 6000.00  
 FEC ID number of contributing federal political committee. **C** C00131185

**C.** Full Name (Last, First, Middle Initial)  
 Alliant Techsystems Emp Citizenship Fund  
 Mailing Address Lynn Heninger, Treasurer  
 1215 South Clark Street, Suite 151  
 City Arlington State VA Zip Code 22202  
 Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81004.C20568  
 Amount of Each Receipt this Period 1500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 7000.00  
 FEC ID number of contributing federal political committee. **C** C00250209

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Altria Group PAC

Mailing Address Bruce Gates, VP of Government Affa  
101 Constitution Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
07 / 21 / 2008

**Transaction ID:** 80728.C20375

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Academy Pediatric Dentistry PAC

Mailing Address John S. Rutkauskas, DDS, Treasurer  
211 E. Chicago Avenue, Suite 700

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
09 / 08 / 2008

**Transaction ID:** 80924.C20541

Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Gas Assn PAC

Mailing Address Mr. Charles Fritts  
400 N. Capitol NW, 4th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 17 / 2008

**Transaction ID:** 80924.C20550

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
AT&T Inc. Federal PAC

Mailing Address J.B. Hutchison  
175 E. Houston Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 8 / 2 0 0 8

**Transaction ID:** 80924.C20549

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Baker & Botts Bluebonnet Fund

Mailing Address One Shell Plaza  
910 Louisiana Street, Suite 3000

City State Zip Code  
Houston TX 77002-4908

FEC ID number of contributing federal political committee. **C** C00077552

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** 81004.C20557

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Boeing Company PAC

Mailing Address Karry La Violette  
1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

**Transaction ID:** 80811.C20415

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Boeing Company PAC

Mailing Address Karry La Violette  
1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81004.C20561

Amount of Each Receipt this Period

1500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Cardiology Advocacy Alliance PAC

Mailing Address 11065 Home Shore Drive

City State Zip Code  
Pinckney MI 48169

FEC ID number of contributing federal political committee. **C** C00421040

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: 81004.C20554

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
CH2M Hill Companies, LTD. PAC

Mailing Address 9191 S. Jamaica Street

City State Zip Code  
Englewood CO 80112

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: 80811.C20430

Amount of Each Receipt this Period

1000.00

Receipt

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Chevron Employees PAC

Mailing Address P.O. Box 6016

City San Ramon State CA Zip Code 94583-0716

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 08 / 2008  
**Transaction ID:** 80811.C20443

Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Comcast Corporation PAC

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 22 / 2008  
**Transaction ID:** 80905.C20512

Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ConocoPhillips Spirit PAC

Mailing Address Don R. Duncan, Vice President  
1776 Eye Street, NW, Suite 700

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 04 / 2008  
**Transaction ID:** 80811.C20437

Amount of Each Receipt this Period: 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Continental Airlines Inc Employee Fund

Mailing Address 1600 Smith Street  
Suite HQSGV - 15th Floor

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C** C00101766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: 80728.C20391

Amount of Each Receipt this Period

1000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Corrections Corporation of America PAC

Mailing Address 10 Burton Hills Blvd

City State Zip Code  
Nashville TN 37215

FEC ID number of contributing federal political committee. **C** C00366468

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2008

Transaction ID: 81004.C20567

Amount of Each Receipt this Period

1500.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Cummins Inc. PAC

Mailing Address Steve May  
601 Pennsylvania Ave, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 04 / 2008

Transaction ID: 80811.C20438

Amount of Each Receipt this Period

500.00

Receipt

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

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

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Day & Zimmermann, Inc. Federal PAC

Mailing Address 1500 Spring Garden Street

City Philadelphia State PA Zip Code 19130-4067

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81004.C20563  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Dealers Election Action Committee

Mailing Address of the National Auto Dealers Assoc  
 8400 Westpark Drive

City Mclean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 21 / 2008  
**Transaction ID:** 80905.C20513  
 Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Deloitte & Touche Federal PAC

Mailing Address Cindy Stevens  
 P.O. Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt 08 / 26 / 2008  
**Transaction ID:** 80905.C20519  
 Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Deloitte & Touche Federal PAC

Mailing Address Cindy Stevens  
P.O. Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80924.C20535

Amount of Each Receipt this Period

1500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Devon Energy Corp. PAC

Mailing Address Dylan Waddle, Assistant Treasurer  
20 N. Broadway, Ste. 1500

City State Zip Code  
Oklahoma City OK 73102-8260

FEC ID number of contributing federal political committee. **C** C00354753

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80811.C20436

Amount of Each Receipt this Period

2000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Dupont Good Government Fund PAC

Mailing Address 1007 Market Street

City State Zip Code  
Wilmington DE 19898

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: 80905.C20511

Amount of Each Receipt this Period

500.00

Receipt

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Dyncorp International, LLC PAC

Mailing Address 3190 Fairview Park Dr, Ste 350

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00409979

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
07 / 28 / 2008

**Transaction ID:** 80728.C20396

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
EDS PAC

Mailing Address William R. Sweeney Jr., Treasurer  
1331 Pennsylvania Ave. NW, Ste. 13

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 80811.C20417

Amount of Each Receipt this Period 1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman PAC

Mailing Address Jim Meltsner  
520 S. Grand Avenue, Suite 700

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt MM / DD / YYYY  
07 / 14 / 2008

**Transaction ID:** 80728.C20373

Amount of Each Receipt this Period 1000.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Free and Strong America PAC

Mailing Address P.O. Box 79226

City State Zip Code  
Waverley MA 02479

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** 80811.C20425

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
General Atomics PAC

Mailing Address Danielle B. Proctor, Treasurer  
P.O. Box 22930

City State Zip Code  
San Diego CA 92122

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID:** 80905.C20520

Amount of Each Receipt this Period  
2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC

Mailing Address Diane Mossler  
2941 Fairview Park, Suite 100

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2008

**Transaction ID:** 80728.C20390

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 39 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 General Dynamics Voluntary PAC

Mailing Address Diane Mossler  
 2941 Fairview Park, Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

**Transaction ID:** 80811.C20448

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 General Dynamics Voluntary PAC

Mailing Address Diane Mossler  
 2941 Fairview Park, Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 4 / 2 0 0 8

**Transaction ID:** 81004.C20553

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave, NW, Ste 900

City Washington State DC Zip Code 20004-2407

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** 81004.C20564

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

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

Mailing Address Charles E. Dominy  
1150 18th Street, NW, Suite 200

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 80811.C20416

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Holland & Knight Committee

Mailing Address for Effective Government  
2099 Pennsylvania Ave, NW, #100

City Washington State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 80811.C20435

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Independent Bankers Assn. of Texas PAC

Mailing Address Christopher L. Williston, CAE  
1700 Rio Grande St., Suite 100

City Austin State TX Zip Code 78701-1683

FEC ID number of contributing federal political committee. **C** C00332841

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 80811.C20422

Amount of Each Receipt this Period  
 500.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Independent Insurance Agents of America

Mailing Address Political Action Cmte (INSURPAC)  
412 First Street SE, Suite 300

City State Zip Code  
Washington DC 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80905.C20493

Amount of Each Receipt this Period

2000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Koch Industries, Inc. PAC

Mailing Address Lacye Tennille  
655 15th Street, NW, Ste.445

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80728.C20401

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Koch Industries, Inc. PAC

Mailing Address Lacye Tennille  
655 15th Street, NW, Ste.445

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: 80905.C20492

Amount of Each Receipt this Period

1000.00

Receipt

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

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

Mailing Address 2000 N 14th Street, Suite 450

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81004.C20569

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NAMIC PAC

Mailing Address 3601 Vincennes Rd.  
PO Box 68700

City Indianapolis State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2008  
**Transaction ID:** 80811.C20414

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Association of Broadcasters PAC

Mailing Address David K. Rehr, Treasurer  
1771 N St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 04 / 2008  
**Transaction ID:** 80811.C20439

Amount of Each Receipt this Period 1000.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 120

(check only one)

11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Natl Assn of Home Builders BUILD PAC

Mailing Address Charlie Kasko, Chairman  
1201 15th Street, NW

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: 80811.C20424

Amount of Each Receipt this Period

2500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Natl Beer Wholesalers Assn PAC

Mailing Address Craig A. Purser  
1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2008

Transaction ID: 80924.C20542

Amount of Each Receipt this Period

2500.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
NSSGA ROCKPAC

Mailing Address Jennifer Joy Wilson, Treasurer  
1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2008

Transaction ID: 80924.C20539

Amount of Each Receipt this Period

1000.00

Receipt

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

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

6000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
NSSGA ROCKPAC

Mailing Address Jennifer Joy Wilson, Treasurer  
1605 King Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 08 / 2008  
**Transaction ID:** 80924.C20540  
Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 2330 North Loop 1604 West

City San Antonio State TX Zip Code 78248

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 25 / 2008  
**Transaction ID:** 80905.C20523  
Amount of Each Receipt this Period 1500.00

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

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

Mailing Address 2330 North Loop 1604 West

City San Antonio State TX Zip Code 78248

FEC ID number of contributing federal political committee. **C** C00435321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 08 / 25 / 2008  
**Transaction ID:** 80905.C20522  
Amount of Each Receipt this Period 1000.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Pfizer Inc. PAC

Mailing Address Richard A. Passov, Treasurer  
235 E. 42nd Street, 30th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 80905.C20521

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Raytheon PAC

Mailing Address John Barnes  
1100 Wilson Blvd., Suite 1500

City State Zip Code  
Arlington VA 22209-2297

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

**Transaction ID:** 80811.C20423

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Securities Industry and Financial

Mailing Address Markets Association PAC  
1101 New York Avenue, NW, 8th Fl

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 8

**Transaction ID:** 80924.C20551

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

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

Mailing Address Todd M. Weiss  
1301 K Street, NW, Suite 300 East

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt 09 / 18 / 2008  
**Transaction ID:** 80924.C20546  
Amount of Each Receipt this Period 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
South Texas Sugar Cane Producers PAC

Mailing Address 1301 Pennsylvania Ave., NW  
Suite 401

City Washington State DC Zip Code 20004-1729

FEC ID number of contributing federal political committee. **C** C00185686

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 07 / 21 / 2008  
**Transaction ID:** 80728.C20374  
Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 2 Righter Parkway  
P.O. Box 15458

City Wilmington State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 08 / 26 / 2008  
**Transaction ID:** 80905.C20518  
Amount of Each Receipt this Period 500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Texas Association for Homecare, Inc. PAC  
 Mailing Address 3737 Executive Center Dr, Ste 268  
 City Austin State TX Zip Code 78731  
 FEC ID number of contributing federal political committee. **C** C00393728  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 3 1 / 2 0 0 8  
**Transaction ID:** 80811.C20432  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 The Dow Chemical Company Employees PAC  
 Mailing Address 2030 Dow Center  
 City Midland State MI Zip Code 48674  
 FEC ID number of contributing federal political committee. **C** C00074096  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8  
**Transaction ID:** 81004.C20560  
 Amount of Each Receipt this Period  
 2000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 The Scooter Store PAC  
 Mailing Address Mark Leita  
 1650 Independence Drive  
 City New Braunfels State TX Zip Code 78132-3832  
 FEC ID number of contributing federal political committee. **C** C00419937  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 7 / 2 0 0 8  
**Transaction ID:** 80905.C20476  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 48 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
The Williams Companies PAC

Mailing Address June M. Pennell, PAC Administrator  
1627 I Street, NW, Suite 900

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 3 / 2 0 0 8

**Transaction ID:** 80924.C20530

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tyco Electronics Corporation PAC

Mailing Address 607 14th Street, NW, Suite 550

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00433482

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 9 / 2 0 0 8

**Transaction ID:** 81004.C20556

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service UPSPAC

Mailing Address Clifford L. Hinds, Treasurer  
55 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 5 / 2 0 0 8

**Transaction ID:** 80924.C20548

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 120

(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)  
Kay Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
United Technologies Employee PAC

Mailing Address Jack Humphries, PAC Chairman  
1401 Eye Street, NW, Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2008

Transaction ID: 80728.C20392

Amount of Each Receipt this Period  
2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
USAA Employee PAC

Mailing Address 601 Pennsylvania Ave., NW  
Suite 225 North Tower

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2008

Transaction ID: 80905.C20477

Amount of Each Receipt this Period  
2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Communications Good Govt. Club

Mailing Address 1300 I Street, NW, 4th Floor  
Carl Erhart

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2008

Transaction ID: 80905.C20486

Amount of Each Receipt this Period  
1000.00

Receipt  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Wal-Mart Stores Wal-PAC

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716-0150

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2008

**Transaction ID:** 80811.C20431

Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Weyerhaeuser PAC

Mailing Address P.O. Box 75000  
MC: 2250

City Detroit State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
09 / 17 / 2008

**Transaction ID:** 80924.C20545

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wine&Spirits Wholesalers of America PAC

Mailing Address Nicole E. deSibour, Director  
805 15th Street, NW, Suite 430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
08 / 08 / 2008

**Transaction ID:** 80811.C20449

Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5500.00

**TOTAL** This Period (last page this line number only) ..... ▶ 91000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 3301 Darcy Street

City State Zip Code  
Fort Worth TX 76107-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
435.19

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2008

Transaction ID: 80811.C20434

Amount of Each Receipt this Period  
435.19

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

Note: Vendor Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	435.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	435.19

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 120  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Key Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Frost Bank

Mailing Address P.O. Box 1600

City State Zip Code  
San Antonio TX 78296-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1314.23

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2008

**Transaction ID:** 80805.C20408

Amount of Each Receipt this Period  
5.36

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

**B.**

Full Name (Last, First, Middle Initial)  
Frost Bank

Mailing Address P.O. Box 1600

City State Zip Code  
San Antonio TX 78296-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1319.59

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2008

**Transaction ID:** 80905.C20525

Amount of Each Receipt this Period  
5.36

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

**C.**

Full Name (Last, First, Middle Initial)  
Frost Bank

Mailing Address P.O. Box 1600

City State Zip Code  
San Antonio TX 78296-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1324.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** 81009.C20574

Amount of Each Receipt this Period  
5.19

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15.91**

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

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

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

FOR LINE NUMBER: PAGE 53 / 120  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.**

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 2315 North Main Street		<b>Transaction ID:</b> 80811.C20411
City Fort Worth	State TX	Zip Code 76164-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.07
Name of Employer	Occupation	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 45.07	

**B.**

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 2315 North Main Street		<b>Transaction ID:</b> 80924.C20534
City Fort Worth	State TX	Zip Code 76164-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.87
Name of Employer	Occupation	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 144.94	

**C.**

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 2315 North Main Street		<b>Transaction ID:</b> 81009.C20575
City Fort Worth	State TX	Zip Code 76164-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.75
Name of Employer	Occupation	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 241.69	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>241.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>257.60</b>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International, Inc.</p> <p>Mailing Address 205 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Software/Database Support</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8966</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SOFTWARE/DATABASE SUPPORT</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle International, Inc.</p> <p>Mailing Address 205 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Credit Card Service Charges</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80805.E9016</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 71.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD SERVICE CHARGES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Aristotle International, Inc.</p> <p>Mailing Address 205 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Credit Card Service Charges</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80805.E8983</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 26.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD SERVICE CHARGES</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1597.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	<b>Transaction ID:</b> 80811.E9025 Date of Disbursement 08 / 08 / 2008	
	Mailing Address 205 Pennsylvania Avenue, SE		
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period	71.00
	Purpose of Disbursement Credit Card Service Charges	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<b>CREDIT CARD SERVICE CHARGES</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	<b>Transaction ID:</b> 80905.E9027 Date of Disbursement 08 / 13 / 2008	
	Mailing Address 205 Pennsylvania Avenue, SE		
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period	81.00
	Purpose of Disbursement Credit Card Service Charges	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<b>CREDIT CARD SERVICE CHARGES</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	<b>Transaction ID:</b> 80905.E9053 Date of Disbursement 08 / 21 / 2008	
	Mailing Address 205 Pennsylvania Avenue, SE		
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period	162.00
	Purpose of Disbursement Credit Card Service Charges	<input type="checkbox"/>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<b>CREDIT CARD SERVICE CHARGES</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>314.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Aristotle International, Inc.

Transaction ID: 80905.E9089  
Date of Disbursement

Mailing Address 205 Pennsylvania Avenue, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

51.00
-------

Purpose of Disbursement  
Credit Card Service Charges

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

CREDIT CARD SERVICE CHARGES

State: District:

B.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80728.E8944  
Date of Disbursement

Mailing Address P.O. Box 650661

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

City Dallas State TX Zip Code 75265-0661

Amount of Each Disbursement this Period

256.81
--------

Purpose of Disbursement  
Phone

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PHONE

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80805.E8993  
Date of Disbursement

Mailing Address P.O. Box 650661

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City Dallas State TX Zip Code 75265-0661

Amount of Each Disbursement this Period

227.27
--------

Purpose of Disbursement  
Phone

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PHONE

State: District:

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

535.08
--------

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

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# 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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: 80905.E9080  
Date of Disbursement

Mailing Address P.O. Box 650661

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

City Dallas State TX Zip Code 75265-0661

Amount of Each Disbursement this Period

246.01
--------

Purpose of Disbursement

Category/Type
---------------

Phone  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

PHONE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80728.E8977  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

138.37
--------

Purpose of Disbursement

Category/Type
---------------

Faxes/Delivery  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

FAXES/DELIVERY

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80728.E8980  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	8

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement

Category/Type
---------------

Fundraising Consulting  
Candidate Name

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

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

2384.38
---------

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)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Bellwether Consulting Group  Mailing Address 1775 I Street, NW Suite 700  City Washington State DC Zip Code 20006-  Purpose of Disbursement Blast Emails Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E8992 Date of Disbursement 08 / 01 / 2008  Amount of Each Disbursement this Period 55.79  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BLAST EMAILS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Bellwether Consulting Group  Mailing Address 1775 I Street, NW Suite 700  City Washington State DC Zip Code 20006-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E8991 Date of Disbursement 08 / 01 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Bellwether Consulting Group  Mailing Address 1775 I Street, NW Suite 700  City Washington State DC Zip Code 20006-  Purpose of Disbursement Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80811.E9021 Date of Disbursement 08 / 05 / 2008  Amount of Each Disbursement this Period 2487.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CATERING</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4543.46</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80811.E9020  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

/   /

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Consulting

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80905.E9032  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

/   /

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mementos/Travel-Taxis

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MENTENTOS/TRAVEL-TAXIS

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80924.E9100  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

/   /

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Catering

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

CATERING

State: District:

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)

<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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80924.E9101  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80924.E9099  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

2931.41
---------

Purpose of Disbursement  
Decorations/Entertainment/Emails

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

DECORATIONS/ENTERTAINMENT-  
/EMAILS

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bellwether Consulting Group

Transaction ID: 80924.E9130  
Date of Disbursement

Mailing Address 1775 I Street, NW Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

-2000.00
----------

Purpose of Disbursement  
Void Check

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

VOID CHECK

State: District:

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

2931.41
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TOTAL This Period (last page this line number only) .....

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**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)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 80924.E9120 Date of Disbursement 09 / 16 / 2008
	Mailing Address 1775 I Street, NW Suite 700	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20006-	<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
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: 80924.E9123 Date of Disbursement 09 / 17 / 2008
	Mailing Address 1775 I Street, NW Suite 700	Amount of Each Disbursement this Period 114.32
	City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Blast Faxes/Delivery Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BLAST FAXES/DELIVERY

C.	Full Name (Last, First, Middle Initial) Capital One	Transaction ID: 80728.E8938 Date of Disbursement 07 / 07 / 2008
	Mailing Address P.O. Box 650007	Amount of Each Disbursement this Period 2416.05
	City Dallas State TX Zip Code 75265-0007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card (See Below) Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD (SEE BELOW)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4530.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) America Online <hr/> Mailing Address P.O. Box 28640 <hr/> City Jacksonville State FL Zip Code 32226- <hr/> Purpose of Disbursement Internet Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8956 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 25.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: INTERNET
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P.O. Box 619616 <hr/> City DFW Airport State TX Zip Code 75261- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8945 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 0.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Central Market <hr/> Mailing Address 4651 West Freeway Suite A <hr/> City Fort Worth State TX Zip Code 76104- <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8962 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 113.26
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CATERING
	Category/Type

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Dillards

Mailing Address 1101 Melbourne Rd.

City State Zip Code  
Hurst TX 76053-

Purpose of Disbursement  
Gift

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8949  
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

52.99

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

**[MEMO ITEM]**  
MEMO: GIFT

B.

Full Name (Last, First, Middle Initial)  
Public Storage

Mailing Address 8801 West Freeway

City State Zip Code  
Fort Worth TX 76116-

Purpose of Disbursement  
Office Storage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8963  
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

100.00

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

**[MEMO ITEM]**  
MEMO: OFFICE STORAGE

C.

Full Name (Last, First, Middle Initial)  
Roosevelt Hotel

Mailing Address 45 E. 45th Street

City State Zip Code  
New York NY 10017-

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8952  
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

314.64

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

**[MEMO ITEM]**  
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Roosevelt Hotel  Mailing Address 45 E. 45th Street  City New York State NY Zip Code 10017-  Purpose of Disbursement Lodging Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8951 Date of Disbursement 07 / 07 / 2008  Amount of Each Disbursement this Period 631.23  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LODGING
<b>B.</b>	Full Name (Last, First, Middle Initial) Roosevelt Hotel  Mailing Address 45 E. 45th Street  City New York State NY Zip Code 10017-  Purpose of Disbursement Food & Beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8953 Date of Disbursement 07 / 07 / 2008  Amount of Each Disbursement this Period 17.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. House of Representatives  Mailing Address B217 Longworth HOB  City Washington State DC Zip Code 20515-  Purpose of Disbursement Pens & Keychains Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8947 Date of Disbursement 07 / 07 / 2008  Amount of Each Disbursement this Period 230.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PENS & KEYCHAINS

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

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281-</p> <p>Purpose of Disbursement Travel</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8948</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Downtown Station</p> <p>City Fort Worth State TX Zip Code 76101-9999</p> <p>Purpose of Disbursement Postage</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8958</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 14.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: POSTAGE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Downtown Station</p> <p>City Fort Worth State TX Zip Code 76101-9999</p> <p>Purpose of Disbursement Postage</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8957</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 126.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: POSTAGE</p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Capital One

Mailing Address P.O. Box 650007

City Dallas State TX Zip Code 75265-0007

Purpose of Disbursement  
Credit Card (See Below)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80805.E8988  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

1154.60

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

CREDIT CARD (SEE BELOW)

B.

Full Name (Last, First, Middle Initial)  
America Online

Mailing Address P.O. Box 28640

City Jacksonville State FL Zip Code 32226-

Purpose of Disbursement  
Internet

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80805.E9009  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

25.98

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

[MEMO ITEM]  
MEMO: INTERNET

C.

Full Name (Last, First, Middle Initial)  
Cantina Marina

Mailing Address 600 Water St. SW

City Washington State DC Zip Code 20024-

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80805.E9008  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

34.00

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

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶

1154.60

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)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Capital One Mailing Address P.O. Box 650007 City Dallas State TX Zip Code 75265-0007 Purpose of Disbursement Credit Card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9004 Date of Disbursement 08 / 01 / 2008
	Amount of Each Disbursement this Period 79.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CREDIT CARD FEES

<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First St. SE City Washington State DC Zip Code 20515- Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9007 Date of Disbursement 08 / 01 / 2008
	Amount of Each Disbursement this Period 34.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE

<b>C.</b> Full Name (Last, First, Middle Initial) Harolds of Fort Worth Mailing Address University Park Village City Fort Worth State TX Zip Code 76107- Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9003 Date of Disbursement 08 / 01 / 2008
	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 <b>[MEMO ITEM]</b> MEMO: GIFTS

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Public Storage Mailing Address 8801 West Freeway City Fort Worth State TX Zip Code 76116- Purpose of Disbursement Office Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9013 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE STORAGE
B.	Full Name (Last, First, Middle Initial) Renaissance Worthington Hotel Mailing Address 200 Main St. City Fort Worth State TX Zip Code 76102- Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9006 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 357.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LODGING
C.	Full Name (Last, First, Middle Initial) Target Mailing Address 2600 W. 7th Street City Fort Worth State TX Zip Code 76102- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E9000 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 18.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Vintage Vending, Inc.	Transaction ID: 80805.E9012 Date of Disbursement 08 / 01 / 2008
	Mailing Address 21 Otterson St.	Amount of Each Disbursement this Period 122.72
	City Nashua State NH Zip Code 03060	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mementos Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: MEMENTOS

B.	Full Name (Last, First, Middle Initial) Capital One	Transaction ID: 80905.E9037 Date of Disbursement 08 / 18 / 2008
	Mailing Address P.O. Box 650007	Amount of Each Disbursement this Period 4998.67
	City Dallas State TX Zip Code 75265-0007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card (See below) Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD (SEE BELOW)

C.	Full Name (Last, First, Middle Initial) America Online	Transaction ID: 80905.E9052 Date of Disbursement 08 / 18 / 2008
	Mailing Address P.O. Box 28640	Amount of Each Disbursement this Period 25.98
	City Jacksonville State FL Zip Code 32226-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: INTERNET

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4998.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 80905.E9047
	Mailing Address P.O. Box 619616	Date of Disbursement 08 / 18 / 2008
	City DFW Airport State TX Zip Code 75261-	Amount of Each Disbursement this Period 992.50
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 80905.E9063
	Mailing Address P.O. Box 619616	Date of Disbursement 08 / 18 / 2008
	City DFW Airport State TX Zip Code 75261-	Amount of Each Disbursement this Period 134.50
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Capital One	Transaction ID: 80905.E9050
	Mailing Address P.O. Box 650007	Date of Disbursement 08 / 18 / 2008
	City Dallas State TX Zip Code 75265-0007	Amount of Each Disbursement this Period 15.43
	Purpose of Disbursement Credit Card Finance Charge	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: CREDIT CARD FINANCE CHARGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 80905.E9066 Date of Disbursement 08 / 18 / 2008
	Mailing Address 300 First St. SE	Amount of Each Disbursement this Period 482.07
	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 Food & Beverage	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congressional Liquors	Transaction ID: 80905.E9067 Date of Disbursement 08 / 18 / 2008
	Mailing Address 404 First Street, SE	Amount of Each Disbursement this Period 7.80
	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 Beverages	<b>[MEMO ITEM]</b> MEMO: BEVERAGES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corner Bakery	Transaction ID: 80905.E9046 Date of Disbursement 08 / 18 / 2008
	Mailing Address 615 Main St.	Amount of Each Disbursement this Period 38.67
	City Fort Worth State TX Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Volunteer Expense / Luncheon	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER EXPENSE / LUNCHEON
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Grand Hotel

Mailing Address 1 Grand Avenue

City Mackinac Island State MI Zip Code 49757-

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80905.E9061  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

227.00

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

**[MEMO ITEM]**  
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)  
Potbelly Sandwich Works

Mailing Address 1660 L Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Luncheon

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80905.E9065  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

138.45

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

**[MEMO ITEM]**  
MEMO: LUNCHEON

C.

Full Name (Last, First, Middle Initial)  
Potbelly Sandwich Works

Mailing Address 1660 L Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Luncheon

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80905.E9064  
Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

197.01

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

**[MEMO ITEM]**  
MEMO: LUNCHEON

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 8801 West Freeway</p> <p>City Fort Worth State TX Zip Code 76116-</p> <p>Purpose of Disbursement Office Storage</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9068</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="108.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE STORAGE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281-</p> <p>Purpose of Disbursement Travel</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9049</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W. Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281-</p> <p>Purpose of Disbursement Travel</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9048</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="344.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
USPS

Transaction ID: 80905.E9058  
Date of Disbursement

Mailing Address Downtown Station

/   /

City Fort Worth State TX Zip Code 76101-9999

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage

Candidate Name

Category/Type

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

**[MEMO ITEM]**  
MEMO: POSTAGE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
USPS

Transaction ID: 80905.E9045  
Date of Disbursement

Mailing Address Downtown Station

/   /

City Fort Worth State TX Zip Code 76101-9999

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage

Candidate Name

Category/Type

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

**[MEMO ITEM]**  
MEMO: POSTAGE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Vintage Vending, Inc.

Transaction ID: 80905.E9051  
Date of Disbursement

Mailing Address 21 Otterson St.

/   /

City Nashua State NH Zip Code 03060-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mementos

Candidate Name

Category/Type

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

**[MEMO ITEM]**  
MEMO: MEMENTOS

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**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)

<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)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Washington Trophy Center	Transaction ID: 80905.E9041 Date of Disbursement 08 / 18 / 2008
	Mailing Address 4906 Wisconsin Avenue, NW	Amount of Each Disbursement this Period 123.00
	City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEMENTOS
	Purpose of Disbursement Mementos Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Washington Trophy Center	Transaction ID: 80905.E9040 Date of Disbursement 08 / 18 / 2008
	Mailing Address 4906 Wisconsin Avenue, NW	Amount of Each Disbursement this Period 135.00
	City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEMENTOS
	Purpose of Disbursement Mementos Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Westin New York	Transaction ID: 80905.E9057 Date of Disbursement 08 / 18 / 2008
	Mailing Address Times Square 270 W. 43rd St.	Amount of Each Disbursement this Period 300.63
	City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LODGING
	Purpose of Disbursement Lodging Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Westin New York	Transaction ID: 80905.E9056 Date of Disbursement 08 / 18 / 2008
	Mailing Address Times Square 270 W. 43rd St.	Amount of Each Disbursement this Period 38.60
	City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Xpedx Paper & Graphics	Transaction ID: 80905.E9044 Date of Disbursement 08 / 18 / 2008
	Mailing Address 15408 Midway Rd	Amount of Each Disbursement this Period 586.30
	City Addison State TX Zip Code 75001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Capital One	Transaction ID: 80924.E9125 Date of Disbursement 09 / 22 / 2008
	Mailing Address P.O. Box 650007	Amount of Each Disbursement this Period 9250.65
	City Dallas State TX Zip Code 75265-0007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card (See Below)	CREDIT CARD (SEE BELOW)
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9250.65
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) America Online</p> <p>Mailing Address P.O. Box 28640</p> <p>City Jacksonville State FL Zip Code 32226-</p> <p>Purpose of Disbursement Internet</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81004.E9163</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 25.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: INTERNET</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619616</p> <p>City DFW Airport State TX Zip Code 75261-</p> <p>Purpose of Disbursement Travel</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81004.E9146</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 254.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619616</p> <p>City DFW Airport State TX Zip Code 75261-</p> <p>Purpose of Disbursement Travel</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81004.E9165</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: 81004.E9147 Date of Disbursement 09 / 22 / 2008
	Mailing Address: Bergstrom Intl Airport 3600 Presidential Blvd	Amount of Each Disbursement this Period 278.71
	City: Austin State: TX Zip Code: 78723-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Travel/Auto Rental	<b>[MEMO ITEM]</b> MEMO: TRAVEL/AUTO RENTAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Boudros	Transaction ID: 81004.E9148 Date of Disbursement 09 / 22 / 2008
	Mailing Address: 421 E. Commerce St.	Amount of Each Disbursement this Period 586.94
	City: San Antonio State: TX Zip Code: 78205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Food & Beverage	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81004.E9166 Date of Disbursement 09 / 22 / 2008
	Mailing Address: 300 First St. SE	Amount of Each Disbursement this Period 72.38
	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: Food & Beverage	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Corner Bakery	Transaction ID: 81004.E9143
	Mailing Address 615 Main St.	Date of Disbursement 09 / 22 / 2008
	City Fort Worth State TX Zip Code 76102-	Amount of Each Disbursement this Period 56.82
	Purpose of Disbursement Staff Meeting/Food	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: STAFF MEETING/FOOD

B.	Full Name (Last, First, Middle Initial) Corner Bakery	Transaction ID: 81004.E9164
	Mailing Address 615 Main St.	Date of Disbursement 09 / 22 / 2008
	City Fort Worth State TX Zip Code 76102-	Amount of Each Disbursement this Period 38.44
	Purpose of Disbursement Staff Meeting/Food	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: STAFF MEETING/FOOD

C.	Full Name (Last, First, Middle Initial) Crowne Plaza St. Paul	Transaction ID: 81004.E9160
	Mailing Address 11 East Kellogg Boulevard	Date of Disbursement 09 / 22 / 2008
	City Saint Paul State MN Zip Code 55101-	Amount of Each Disbursement this Period 1159.00
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: LODGING

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Crowne Plaza St. Paul	Transaction ID: 81004.E9161
	Mailing Address 11 East Kellogg Boulevard	Date of Disbursement 09 / 22 / 2008
	City Saint Paul State MN Zip Code 55101-	Amount of Each Disbursement this Period 1159.00
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: LODGING

B.	Full Name (Last, First, Middle Initial) Crowne Plaza St. Paul	Transaction ID: 81004.E9158
	Mailing Address 11 East Kellogg Boulevard	Date of Disbursement 09 / 22 / 2008
	City Saint Paul State MN Zip Code 55101-	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: LODGING

C.	Full Name (Last, First, Middle Initial) Crowne Plaza St. Paul	Transaction ID: 81004.E9159
	Mailing Address 11 East Kellogg Boulevard	Date of Disbursement 09 / 22 / 2008
	City Saint Paul State MN Zip Code 55101-	Amount of Each Disbursement this Period 1159.00
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: LODGING

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Hotel Valencia Riverwalk	Transaction ID: 81004.E9151 Date of Disbursement 09 / 22 / 2008
	Mailing Address 150 East Houston St.	Amount of Each Disbursement this Period 74.88
	City San Antonio State TX Zip Code 78205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hotel Valencia Riverwalk	Transaction ID: 81004.E9152 Date of Disbursement 09 / 22 / 2008
	Mailing Address 150 East Houston St.	Amount of Each Disbursement this Period 309.21
	City San Antonio State TX Zip Code 78205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Lodging	<b>[MEMO ITEM]</b> MEMO: LODGING
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 81004.E9155 Date of Disbursement 09 / 22 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 799.15
	City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 81004.E9157 Date of Disbursement 09 / 22 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 300.00
	City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 81004.E9154 Date of Disbursement 09 / 22 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 879.05
	City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 81004.E9156 Date of Disbursement 09 / 22 / 2008
	Mailing Address 7500 Airline Drive	Amount of Each Disbursement this Period 799.15
	City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Public Storage  Mailing Address 8801 West Freeway  City Fort Worth State TX Zip Code 76116-  Purpose of Disbursement Office Storage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81004.E9168 Date of Disbursement 09 / 22 / 2008  Amount of Each Disbursement this Period 108.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE STORAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS  Mailing Address 1009 Oakwood Lane  City Arlington State TX Zip Code 76012-  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81004.E9162 Date of Disbursement 09 / 22 / 2008  Amount of Each Disbursement this Period 84.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
<b>C.</b>	Full Name (Last, First, Middle Initial) City of Fort Worth  Mailing Address Will Rogers Memorial Center 3401 W. Lancaster Avenue  City Fort Worth State TX Zip Code 76107-3078  Purpose of Disbursement Event Expense/Table & Chairs Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80728.E8971 Date of Disbursement 07 / 14 / 2008  Amount of Each Disbursement this Period 497.25  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT EXPENSE/TABLE & CHAIRS

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

497.25

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 3005  City Southeastern State PA Zip Code 19398-3005  Purpose of Disbursement Internet Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8978 Date of Disbursement 07 / 18 / 2008  Amount of Each Disbursement this Period 121.86  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTERNET
<b>B.</b>	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 3005  City Southeastern State PA Zip Code 19398-3005  Purpose of Disbursement Internet/Fax Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80811.E9024 Date of Disbursement 08 / 07 / 2008  Amount of Each Disbursement this Period 69.51  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTERNET/FAX
<b>C.</b>	Full Name (Last, First, Middle Initial) Comcast  Mailing Address PO Box 3005  City Southeastern State PA Zip Code 19398-3005  Purpose of Disbursement Internet/Fax Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80924.E9106 Date of Disbursement 09 / 10 / 2008  Amount of Each Disbursement this Period 69.51  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTERNET/FAX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	260.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Frost Bank	Transaction ID: 80805.E9017 Date of Disbursement 07 / 17 / 2008
	Mailing Address P.O. Box 1600	Amount of Each Disbursement this Period 10.00
	City San Antonio State TX Zip Code 78296-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE

B.	Full Name (Last, First, Middle Initial) Frost Bank	Transaction ID: 80905.E9087 Date of Disbursement 08 / 13 / 2008
	Mailing Address P.O. Box 1600	Amount of Each Disbursement this Period 63.96
	City San Antonio State TX Zip Code 78296-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Check Order Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CHECK ORDER

C.	Full Name (Last, First, Middle Initial) Frost Bank	Transaction ID: 80905.E9088 Date of Disbursement 08 / 18 / 2008
	Mailing Address P.O. Box 1600	Amount of Each Disbursement this Period 12.00
	City San Antonio State TX Zip Code 78296-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	85.96
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Frost Bank  Mailing Address P.O. Box 1600  City San Antonio State TX Zip Code 78296-  Purpose of Disbursement Bank Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81009.E9172 Date of Disbursement 09 / 17 / 2008  Amount of Each Disbursement this Period 12.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANK FEE</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Kay Granger  Mailing Address 715 Jones Street, Suite 200  City Ft Worth State TX Zip Code 76102-  Purpose of Disbursement Travel Reimbursement/Taxis Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80728.E8969 Date of Disbursement 07 / 14 / 2008  Amount of Each Disbursement this Period 49.61  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TRAVEL REIMBURSEMENT/TAXIS</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Kay Granger  Mailing Address 715 Jones Street, Suite 200  City Ft Worth State TX Zip Code 76102-  Purpose of Disbursement Travel Reimb/Taxis/Food & Bev Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80805.E8997 Date of Disbursement 08 / 01 / 2008  Amount of Each Disbursement this Period 115.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TRAVEL REIMB/TAXIS/FOOD &amp; BEV</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>177.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Kay Granger

Transaction ID: 80924.E9124  
Date of Disbursement

Mailing Address 715 Jones Street, Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	0	8

City Ft Worth State TX Zip Code 76102-

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Travel Reimbursement/Taxis

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

TRAVEL REIMBURSEMENT/TAXIS

State: District:

B.

Full Name (Last, First, Middle Initial)  
Hawk Electronics

Transaction ID: 80728.E8943  
Date of Disbursement

Mailing Address P.O. Box 961027

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

City Fort Worth State TX Zip Code 76161-

Amount of Each Disbursement this Period

311.35
--------

Purpose of Disbursement  
Phone

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PHONE

State: District:

C.

Full Name (Last, First, Middle Initial)  
Hawk Electronics

Transaction ID: 80805.E8994  
Date of Disbursement

Mailing Address P.O. Box 961027

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City Fort Worth State TX Zip Code 76161-

Amount of Each Disbursement this Period

307.20
--------

Purpose of Disbursement  
Phone

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PHONE

State: District:

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

668.55
--------

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

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**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)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Hawk Electronics  Mailing Address P.O. Box 961027  City Fort Worth State TX Zip Code 76161-  Purpose of Disbursement Phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80905.E9081 Date of Disbursement 09 / 03 / 2008  Amount of Each Disbursement this Period 604.49  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address PO Box 105078  City Atlanta State GA Zip Code 30348-5078  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80728.E8975 Date of Disbursement 07 / 18 / 2008  Amount of Each Disbursement this Period 1683.94  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES
<b>C.</b>	Full Name (Last, First, Middle Initial) Internal Revenue Service  Mailing Address PO Box 105078  City Atlanta State GA Zip Code 30348-5078  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 80905.E9036 Date of Disbursement 08 / 15 / 2008  Amount of Each Disbursement this Period 1980.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4269.27</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: 80924.E9102 Date of Disbursement 09 / 09 / 2008
	Mailing Address PO Box 105078	Amount of Each Disbursement this Period 979.66
	City Atlanta State GA Zip Code 30348-5078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: 80924.E9131 Date of Disbursement 09 / 22 / 2008
	Mailing Address PO Box 105078	Amount of Each Disbursement this Period 979.66
	City Atlanta State GA Zip Code 30348-5078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) Isphere, LLC	Transaction ID: 80728.E8968 Date of Disbursement 07 / 14 / 2008
	Mailing Address 2501 Parkview Drive, Suite 305	Amount of Each Disbursement this Period 95.00
	City Fort Worth State TX Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Website Hosting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WEBSITE HOSTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2054.32
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jones Street Investments</p> <p>Mailing Address 715 Jones Street, Suite 200</p> <p>City Fort Worth State TX Zip Code 76102-</p> <p>Purpose of Disbursement Rent</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8935</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1286.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jones Street Investments</p> <p>Mailing Address 715 Jones Street, Suite 200</p> <p>City Fort Worth State TX Zip Code 76102-</p> <p>Purpose of Disbursement Rent</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80805.E8984</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1286.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jones Street Investments</p> <p>Mailing Address 715 Jones Street, Suite 200</p> <p>City Fort Worth State TX Zip Code 76102-</p> <p>Purpose of Disbursement Rent</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9073</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1286.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3858.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Ruth Klein

Mailing Address 101 Ocean Avenue, #F501

City State Zip Code  
Santa Monica CA 90402-

Purpose of Disbursement  
Event Expense - Speaker

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80805.E8996

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

2620.00

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

EVENT EXPENSE - SPEAKER

B.

Full Name (Last, First, Middle Initial)  
Koch & Hoos LLC

Mailing Address P. O. Box 1154

City State Zip Code  
Alexandria VA 22313-

Purpose of Disbursement  
Financial Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8965

Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

1144.25

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

FINANCIAL SERVICES

C.

Full Name (Last, First, Middle Initial)  
Koch & Hoos LLC

Mailing Address P. O. Box 1154

City State Zip Code  
Alexandria VA 22313-

Purpose of Disbursement  
Financial Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80805.E8990

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

1423.75

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

FINANCIAL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

5188.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Koch & Hoos LLC  Mailing Address P. O. Box 1154  City Alexandria State VA Zip Code 22313-  Purpose of Disbursement Financial Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80905.E9078 <b>Date of Disbursement</b> 09 / 03 / 2008  Amount of Each Disbursement this Period 2940.85  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FINANCIAL SERVICES</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Koch & Hoos LLC  Mailing Address P. O. Box 1154  City Alexandria State VA Zip Code 22313-  Purpose of Disbursement Financial Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81004.E9140 <b>Date of Disbursement</b> 09 / 30 / 2008  Amount of Each Disbursement this Period 3410.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FINANCIAL SERVICES</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) Konica Minolta Business Solutions  Mailing Address 21146 Network Place  City Chicago State IL Zip Code 60673-1211  Purpose of Disbursement Note: Void Check Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80905.E9090 <b>Date of Disbursement</b> 09 / 05 / 2008  Amount of Each Disbursement this Period -364.77  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>NOTE: VOID CHECK</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5986.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Lilly & Company  Mailing Address 1005 Congress, Suite 910  City Austin State TX Zip Code 78701-  Purpose of Disbursement Event Management Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81004.E9142 Date of Disbursement 09 / 30 / 2008  Amount of Each Disbursement this Period 2248.74  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EVENT MANAGEMENT
<b>B.</b>	Full Name (Last, First, Middle Initial) Matthews Office City  Mailing Address 2367 Pecan Court  City Haltom City State TX Zip Code 76117-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80905.E9028 Date of Disbursement 08 / 14 / 2008  Amount of Each Disbursement this Period 10.28  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  OFFICE SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Matthews Office City  Mailing Address 2367 Pecan Court  City Haltom City State TX Zip Code 76117-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80924.E9095 Date of Disbursement 09 / 08 / 2008  Amount of Each Disbursement this Period 55.87  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2314.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
NAS News/Senior Life Magazine

Mailing Address P O Box 27146

City NAS Jrb State TX Zip Code 76127-0146

Purpose of Disbursement

Advertising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81004.E9138

Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

695.00

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

ADVERTISING

**B.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commi

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement

Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8939

Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

844.50

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

TRAVEL EXPENSE

**C.** Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address P.O. Box 689020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement

Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80728.E8982

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

159.91

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

OFFICE SUPPLIES

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

1699.41

**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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Office Depot

Transaction ID: 80905.E9071  
Date of Disbursement

Mailing Address P.O. Box 689020

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

City State Zip Code  
Des Moines IA 50368-9020

Amount of Each Disbursement this Period

132.85
--------

Purpose of Disbursement  
Office Supplies

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
Office Depot

Transaction ID: 80924.E9121  
Date of Disbursement

Mailing Address P.O. Box 689020

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

City State Zip Code  
Des Moines IA 50368-9020

Amount of Each Disbursement this Period

279.05
--------

Purpose of Disbursement  
Office Supplies

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Melody Parlett

Transaction ID: 80728.E8937  
Date of Disbursement

Mailing Address 777 Fairway Dr., Apt 926

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

City State Zip Code  
Coppell TX 75019-

Amount of Each Disbursement this Period

1226.11
---------

Purpose of Disbursement  
Salary

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SALARY

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

1638.01
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TOTAL This Period (last page this line number only) .....

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**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)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Melody Parlett	Transaction ID: 80728.E8974 Date of Disbursement 07 / 15 / 2008
	Mailing Address 777 Fairway Dr., Apt 926	Amount of Each Disbursement this Period 1226.11
	City Coppel State TX Zip Code 75019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Melody Parlett	Transaction ID: 80805.E8987 Date of Disbursement 08 / 01 / 2008
	Mailing Address 777 Fairway Dr., Apt 926	Amount of Each Disbursement this Period 1226.11
	City Coppel State TX Zip Code 75019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) Melody Parlett	Transaction ID: 80905.E9029 Date of Disbursement 08 / 14 / 2008
	Mailing Address 777 Fairway Dr., Apt 926	Amount of Each Disbursement this Period 300.22
	City Coppel State TX Zip Code 75019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MILEAGE REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2752.44
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Melody Parlett	Transaction ID: 80905.E9035 Date of Disbursement 08 / 15 / 2008
	Mailing Address 777 Fairway Dr., Apt 926	Amount of Each Disbursement this Period 1226.11
	City Coppel State TX Zip Code 75019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Pitney Bowes	Transaction ID: 80924.E9122 Date of Disbursement 09 / 17 / 2008
	Mailing Address PO Box 856460	Amount of Each Disbursement this Period 168.73
	City Louisville State KY Zip Code 40285-6460	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meter Rental Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		METER RENTAL

C.	Full Name (Last, First, Middle Initial) Print Central Inc.	Transaction ID: 80811.E9019 Date of Disbursement 08 / 05 / 2008
	Mailing Address 7124 Mid Cities Blvd.	Amount of Each Disbursement this Period 697.76
	City North Richland Hil State TX Zip Code 76180-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2092.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Phil Ricks	Transaction ID: 80905.E9076 Date of Disbursement 09 / 03 / 2008
	Mailing Address 1139 Bluff Forest	Amount of Each Disbursement this Period 1419.81
	City San Antonio State TX Zip Code 78248-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Phil Ricks	Transaction ID: 80905.E9075 Date of Disbursement 09 / 03 / 2008
	Mailing Address 1139 Bluff Forest	Amount of Each Disbursement this Period 1977.49
	City San Antonio State TX Zip Code 78248-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement (See below) Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT (SEE BELOW)

C.	Full Name (Last, First, Middle Initial) Alamo	Transaction ID: 80905.E9085 Date of Disbursement 09 / 03 / 2008
	Mailing Address Dallas Love Field Airport 3559 W. Mockingbird Ln	Amount of Each Disbursement this Period 216.56
	City Dallas State TX Zip Code 75235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rental Car Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: RENTAL CAR

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3397.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Avis Mailing Address Dallas Love Field Airport 7020 Cedar Springs Rd City Dallas State TX Zip Code 75235- Purpose of Disbursement Rental Car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80905.E9084 Date of Disbursement 09 / 03 / 2008
	Amount of Each Disbursement this Period 455.80
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: RENTAL CAR
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Hampton Mailing Address 2700 Green Oaks Rd. City Fort Worth State TX Zip Code 76113- Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80905.E9083 Date of Disbursement 09 / 03 / 2008
	Amount of Each Disbursement this Period 593.40
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: LODGING
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P. O. Box 3611 City Dallas State TX Zip Code 75235- Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80905.E9082 Date of Disbursement 09 / 03 / 2008
	Amount of Each Disbursement this Period 591.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Category/ Type

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 120

<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)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Phil Ricks  Mailing Address 1139 Bluff Forest  City San Antonio State TX Zip Code 78248-  Purpose of Disbursement Reimbursement (See Below) Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80924.E9110 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 1561.47  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSEMENT (SEE BELOW)</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Alamo  Mailing Address Dallas Love Field Airport 3559 W. Mockingbird Ln  City Dallas State TX Zip Code 75235-  Purpose of Disbursement Rental Car Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80924.E9114 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 118.12  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: RENTAL CAR
<b>C.</b>	Full Name (Last, First, Middle Initial) Avis  Mailing Address Dallas Love Field Airport 7020 Cedar Springs Rd  City Dallas State TX Zip Code 75235-  Purpose of Disbursement Rental Car Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80924.E9113 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 216.83  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: RENTAL CAR

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1561.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Hampton

Mailing Address 2700 Green Oaks Rd.

City State Zip Code  
Fort Worth TX 76113-

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80924.E9112  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

445.05
--------

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

**[MEMO ITEM]**  
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address P. O. Box 3611

City State Zip Code  
Dallas TX 75235-

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80924.E9111  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

591.00
--------

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

**[MEMO ITEM]**  
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)  
Phil Ricks

Mailing Address 1139 Bluff Forest

City State Zip Code  
San Antonio TX 78248-

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80924.E9109  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

1419.81
---------

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

SALARY

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

1419.81
---------

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

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# 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 102 / 120

<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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
TCU Florists

Mailing Address 3131 S. University Drive

City Fort Worth State TX Zip Code 76109-

Purpose of Disbursement  
Flowers

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80728.E8942  
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

81.19

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

FLOWERS

B.

Full Name (Last, First, Middle Initial)  
TCU Florists

Mailing Address 3131 S. University Drive

City Fort Worth State TX Zip Code 76109-

Purpose of Disbursement  
Flowers

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80924.E9092  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

59.48

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

FLOWERS

C.

Full Name (Last, First, Middle Initial)  
Texas Press Service Inc.

Mailing Address 718 West Fifth Street

City Austin State TX Zip Code 78701-

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81004.E9132  
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

6663.66

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

ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶

6804.33

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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Texas Workforce Commission</p> <p>Mailing Address P. O. Box 149037</p> <p>City Austin State TX Zip Code 78714-9037</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8972 <b>Date of Disbursement</b> 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 190.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAXES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terry Thomason</p> <p>Mailing Address 1806 Midpines Court</p> <p>City Arlington State TX Zip Code 76012-5759</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8936 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 724.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SALARY</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Terry Thomason</p> <p>Mailing Address 1806 Midpines Court</p> <p>City Arlington State TX Zip Code 76012-5759</p> <p>Purpose of Disbursement Reimbursement/Flags</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8970 <b>Date of Disbursement</b> 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 61.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT/FLAGS</b></p>

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

975.65

**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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Terry Thomason

Transaction ID: 80728.E8973  
Date of Disbursement

Mailing Address 1806 Midpines Court

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code  
Arlington TX 76012-5759

Amount of Each Disbursement this Period

724.35
--------

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)  
Terry Thomason

Transaction ID: 80805.E8986  
Date of Disbursement

Mailing Address 1806 Midpines Court

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City State Zip Code  
Arlington TX 76012-5759

Amount of Each Disbursement this Period

724.35
--------

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)  
Terry Thomason

Transaction ID: 80905.E9034  
Date of Disbursement

Mailing Address 1806 Midpines Court

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

City State Zip Code  
Arlington TX 76012-5759

Amount of Each Disbursement this Period

1566.37
---------

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

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

3015.07
---------

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

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**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)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Terry Thomason	Transaction ID: 80905.E9074 Date of Disbursement 09 / 02 / 2008
	Mailing Address 1806 Midpines Court	Amount of Each Disbursement this Period 1566.37
	City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Terry Thomason	Transaction ID: 80924.E9094 Date of Disbursement 09 / 08 / 2008
	Mailing Address 1806 Midpines Court	Amount of Each Disbursement this Period 17.73
	City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement - Office Supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT - OFFICE SUPPLIES

C.	Full Name (Last, First, Middle Initial) Terry Thomason	Transaction ID: 80924.E9108 Date of Disbursement 09 / 15 / 2008
	Mailing Address 1806 Midpines Court	Amount of Each Disbursement this Period 1566.37
	City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3150.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) TXU Energy</p> <p>Mailing Address P.O. Box 100001</p> <p>City Dallas State TX Zip Code 75310-</p> <p>Purpose of Disbursement Office Expense - Electric</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80728.E8941</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 295.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE EXPENSE - ELECTRIC</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TXU Energy</p> <p>Mailing Address P.O. Box 100001</p> <p>City Dallas State TX Zip Code 75310-</p> <p>Purpose of Disbursement Office Expense - Electric</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80811.E9022</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 309.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE EXPENSE - ELECTRIC</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TXU Energy</p> <p>Mailing Address P.O. Box 100001</p> <p>City Dallas State TX Zip Code 75310-</p> <p>Purpose of Disbursement Office Expense - Electric</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9077</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 324.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE EXPENSE - ELECTRIC</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>929.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) United Parcel Service UPS</p> <p>Mailing Address Lockbox 577</p> <p>City Carol Stream State IL Zip Code 60132-0577</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 80728.E8940</p> <p>Date of Disbursement MM / DD / YYYY 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 51.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DELIVERY</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) United Parcel Service UPS</p> <p>Mailing Address Lockbox 577</p> <p>City Carol Stream State IL Zip Code 60132-0577</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 80728.E8967</p> <p>Date of Disbursement MM / DD / YYYY 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 39.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DELIVERY</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) United Parcel Service UPS</p> <p>Mailing Address Lockbox 577</p> <p>City Carol Stream State IL Zip Code 60132-0577</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 80728.E8976</p> <p>Date of Disbursement MM / DD / YYYY 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 63.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DELIVERY</p>

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

155.39

**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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
United Parcel Service UPS

Transaction ID: 80805.E8995  
Date of Disbursement

Mailing Address Lockbox 577

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City Carol Stream State IL Zip Code 60132-0577

Amount of Each Disbursement this Period

48.76
-------

Purpose of Disbursement  
Delivery

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

DELIVERY

State: District:

B.

Full Name (Last, First, Middle Initial)  
United Parcel Service UPS

Transaction ID: 80811.E9023  
Date of Disbursement

Mailing Address Lockbox 577

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

City Carol Stream State IL Zip Code 60132-0577

Amount of Each Disbursement this Period

179.00
--------

Purpose of Disbursement  
Delivery

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

DELIVERY

State: District:

C.

Full Name (Last, First, Middle Initial)  
United Parcel Service UPS

Transaction ID: 80905.E9031  
Date of Disbursement

Mailing Address Lockbox 577

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

City Carol Stream State IL Zip Code 60132-0577

Amount of Each Disbursement this Period

22.19
-------

Purpose of Disbursement  
Delivery

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

DELIVERY

State: District:

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

249.95
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) United Parcel Service UPS	Transaction ID: 80905.E9072 Date of Disbursement 08 / 29 / 2008
	Mailing Address Lockbox 577	
	City Carol Stream State IL Zip Code 60132-0577	Amount of Each Disbursement this Period 84.32
	Purpose of Disbursement Delivery Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DELIVERY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) United Parcel Service UPS	Transaction ID: 80924.E9093 Date of Disbursement 09 / 08 / 2008
	Mailing Address Lockbox 577	
	City Carol Stream State IL Zip Code 60132-0577	Amount of Each Disbursement this Period 178.76
	Purpose of Disbursement Delivery Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DELIVERY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) United Parcel Service UPS	Transaction ID: 80924.E9105 Date of Disbursement 09 / 10 / 2008
	Mailing Address Lockbox 577	
	City Carol Stream State IL Zip Code 60132-0577	Amount of Each Disbursement this Period 44.05
	Purpose of Disbursement Delivery Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DELIVERY
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 307.13

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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
United Parcel Service UPS

Mailing Address Lockbox 577

City State Zip Code  
Carol Stream IL 60132-0577

Purpose of Disbursement  
Delivery

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81004.E9139  
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

114.26

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

DELIVERY

B.

Full Name (Last, First, Middle Initial)  
USAA Credit Card Services

Mailing Address 10750 McDermott Fwy.

City State Zip Code  
San Antonio TX 78288-0570

Purpose of Disbursement  
Credit Card: See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80924.E9103  
Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

1572.00

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

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Lonesome Dove Western Bistro

Mailing Address 2406 N. Main Street

City State Zip Code  
Fort Worth TX 76104-

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E9208  
Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

1572.00

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

[MEMO ITEM]  
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶

1686.26

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 111 / 120

<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)  
Kay Granger Campaign Fund

A.	Full Name (Last, First, Middle Initial) Voice Broadcasting Corp	Transaction ID: 81004.E9134 Date of Disbursement 09 / 23 / 2008
	Mailing Address 1527 So. Cooper St.	Amount of Each Disbursement this Period 3200.00
	City Arlington State TX Zip Code 76010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Voice Broadcasting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		VOICE BROADCASTING

B.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Transaction ID: 80805.E8989 Date of Disbursement 08 / 01 / 2008
	Mailing Address 1776 K Street, NW	Amount of Each Disbursement this Period 3105.33
	City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		LEGAL SERVICES

C.	Full Name (Last, First, Middle Initial) Wiley Rein LLP	Transaction ID: 80905.E9079 Date of Disbursement 09 / 03 / 2008
	Mailing Address 1776 K Street, NW	Amount of Each Disbursement this Period 3000.83
	City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		LEGAL SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9306.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 120

<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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Wiley Rein LLP

Mailing Address 1776 K Street, NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81004.E9141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

3000.00
---------

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

LEGAL SERVICES

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

3000.00
---------

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

109157.47
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# 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 113 / 120

<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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeb Bradley for Congress</p> <p>Mailing Address 645 South Main Street</p> <p>City Wolfeboro State NH Zip Code 03894-</p> <p>Purpose of Disbursement FEDERAL CONTRIBUTION</p> <p>Candidate Name JOSEPH E BRADLEY, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80924.E9129</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charlie Geren Campaign Account</p> <p>Mailing Address P.O. Box 1440</p> <p>City Fort Worth State TX Zip Code 76101-1440</p> <p>Purpose of Disbursement NON FEDERAL CONTRIBUTION</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80924.E9107</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dianna Littlepage Fund</p> <p>Mailing Address c/o Elyse Carter P. O. Box 1598</p> <p>City Aledo State TX Zip Code 76008-</p> <p>Purpose of Disbursement DONATION</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9070</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1750.00

**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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Fort Worth Hispanic Chamber of Commerce</p> <p>Mailing Address 1327 N. Main St.</p> <p>City Fort Worth State TX Zip Code 76164-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80924.E9117</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fort Worth Metropolitan Black Chamber</p> <p>Mailing Address 1150 S Fwy Suite 211</p> <p>City Fort Worth State TX Zip Code 76104-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9026</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress</p> <p>Mailing Address PO Box 1441</p> <p>City Topeka State KS Zip Code 66601-</p> <p>Purpose of Disbursement FEDERAL CONTRIBUTION</p> <p>Candidate Name LYNN JENKINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80924.E9097</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Moncrief Campaign</p> <p>Mailing Address 777 Taylor Street, Ste. 1030</p> <p>City Fort Worth State TX Zip Code 76102-</p> <p>Purpose of Disbursement NON-FEDERAL CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80924.E9091</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NRCC Battleground 2008</p> <p>Mailing Address 320 First Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement TRANSFER OF EXCESS FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81004.E9135</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 13500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Cowboys of Color Museum</p> <p>Mailing Address &amp; Hall of Fame 2401 Scott Avenue</p> <p>City Fort Worth State TX Zip Code 76103-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80905.E9069</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**14000.00**

**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)  
Kay Granger Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Olson for Congress Committee

Transaction ID: 80905.E9054  
Date of Disbursement

Mailing Address P.O. Box 16381

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

City State Zip Code  
Sugar Land TX 77496-

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
IN-KIND: LIST EXPENSE

Category/ Type
-------------------

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

Candidate Name  
PETER GRAHAM OLSON

[MEMO ITEM]

MEMO:In-kind: List Expense

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

B.

Full Name (Last, First, Middle Initial)  
Parker for Congress

Transaction ID: 80924.E9098  
Date of Disbursement

Mailing Address 4851 Whitesburg Drive, Suite A2

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

City State Zip Code  
Huntsville AL 35802-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Category/ Type
-------------------

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

Candidate Name  
WAYNE PARKER, JR

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AL District: 05

C.

Full Name (Last, First, Middle Initial)  
Steve Austria for Congress

Transaction ID: 80924.E9096  
Date of Disbursement

Mailing Address 2537 Obetz Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

City State Zip Code  
Dayton OH 45434-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Category/ Type
-------------------

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

Candidate Name  
STEVE C AUSTRIA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 07

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

2000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Thelma Drake for Congress  Mailing Address P. O. Box 61480  City Virginia Beach State VA Zip Code 23466-  Purpose of Disbursement FEDERAL CONTRIBUTION  Candidate Name THELMA D. DRAKE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80924.E9126 <b>Date of Disbursement</b> 09 / 22 / 2008	Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Feeney for Congress  Mailing Address P. O. Box 622345  City Oviedo State FL Zip Code 32762-  Purpose of Disbursement FEDERAL CONTRIBUTION  Candidate Name TOM FEENEY  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80924.E9127 <b>Date of Disbursement</b> 09 / 22 / 2008	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
<b>C.</b>	Full Name (Last, First, Middle Initial) Tom Rooney for Congress  Mailing Address 2336 S. East Ocean Blvd. #313  City Stuart State FL Zip Code 34996-  Purpose of Disbursement FEDERAL CONTRIBUTION  Candidate Name THOMAS JOSEPH ROONEY  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80924.E9128 <b>Date of Disbursement</b> 09 / 22 / 2008	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27750.00</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital One	Nature of Debt (Purpose): Credit Card
Mailing Address P.O. Box 650007	
City State ZIP Code Dallas TX 75265-0007	

Outstanding Balance Beginning This Period 2416.05	<b>Transaction ID:</b> LS80805.E9018	
Amount Incurred This Period 0.00	Payment This Period 2416.05	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc.	Nature of Debt (Purpose): Software/Database Support
Mailing Address 205 Pennsylvania Avenue, SE	
City State ZIP Code Washington DC 20003-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS81014.E9206	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cadena Speciality Advertising	Nature of Debt (Purpose): Yard Signs
Mailing Address 611 W. Main Street	
City State ZIP Code Arlington TX 76010-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS81014.E9204	
Amount Incurred This Period 3086.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 3086.42

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	4586.42
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Valentine Direct Marketing	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 5415 Maple Ave. Suite 230	
City State ZIP Code Dallas TX 75235-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS81014.E9205	
Amount Incurred This Period 1050.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 1050.46

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Republican Congressional Commi	Nature of Debt (Purpose): Travel Expense
Mailing Address 320 First Street, SE	
City State ZIP Code Washington DC 20003-	

Outstanding Balance Beginning This Period 844.50	<b>Transaction ID:</b> LS80728.E8939	
Amount Incurred This Period 0.00	Payment This Period 844.50	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bellwether Consulting Group	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1775 I Street, NW Suite 700	
City State ZIP Code Washington DC 20006-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS81014.E9207	
Amount Incurred This Period 2038.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 2038.01

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3088.47
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

(Use separate schedule(s) for each numbered line)	PAGE 120 / 120
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch & Hoos LLC			Nature of Debt (Purpose): Financial Services
Mailing Address P. O. Box 1154			
City Alexandria	State VA	ZIP Code 22313-	

Outstanding Balance Beginning This Period		<b>Transaction ID: LS80728.E8965</b>	
1144.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1144.25	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	7674.89
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	7674.89