

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 BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

ADDRESS (number and street) P.O. Box 2266 Houma LA 70361 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00119040 CITY STATE ZIP CODE STATE DISTRICT 3. IS THIS REPORT NEW (N) OR AMENDED (A) LA 03

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 08 11 2006 in the State of LA (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 2006 through 07 22 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer William Clifford Smith Signature of Treasurer Electronically Filed by William Clifford Smith Date 07 30 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From: To:

	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)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	938.22	13096.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1617.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	938.22	11479.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130237.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From: To:

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	0.00	0.00
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	1617.64
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	2895.27
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	4512.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	938.22	13096.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	25000.00	40000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25938.22	53096.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	156175.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	156175.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25938.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130237.21

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

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)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

<p>A. Trudy Clement</p> <p>Full Name (Last, First, Middle Initial) Trudy Clement</p> <p>Mailing Address 701 Bayou Lane</p> <p>City Thibodaux State LA Zip Code 70301</p> <p>Purpose of Disbursement Financial Consultant</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>Transaction ID: SB17.4207</p> <p>Date of Disbursement 07 / 01 / 2006</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>
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<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 1140</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Mailing</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>Transaction ID: SB17.4208</p> <p>Date of Disbursement 07 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 63.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Tiger Drive Storage</p> <p>Full Name (Last, First, Middle Initial) Tiger Drive Storage</p> <p>Mailing Address 310 Pamela Drive</p> <p>City Thibodaux State LA Zip Code 70301</p> <p>Purpose of Disbursement Storage for Files</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>Transaction ID: SB17.4209</p> <p>Date of Disbursement 07 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>938.22</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>938.22</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 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)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Full Name (Last, First, Middle Initial) A. HATCH ELECTION COMMITTEE INC		Transaction ID: SB21.4196 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SALT LAKE CITY State UT Zip Code 84101		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name HATCH ELECTION COMMITTEE INC		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MIKE FERGUSON FOR CONGRESS		Transaction ID: SB21.4200 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6
Mailing Address 6302 Massachusettus Ave.		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
City Bethesda State MD Zip Code 20816		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name MIKE FERGUSON FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB21.4192 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003		
Purpose of Disbursement Transfer of Excess Funds	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
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)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Transaction ID: SB21.4190 Date of Disbursement
Mailing Address 425 SECOND STREET NE		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Transfer of excess funds	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TENNESSEE LEADER VICTORY FUND		Transaction ID: SB21.4198 Date of Disbursement
Mailing Address PO BOX 75103		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20013
Purpose of Disbursement Donation	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

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