

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

Cole for Congress

ADDRESS (number and street) P.O. Box 722256

Check if different than previously reported. (ACC) Norman OK 73070

2. FEC IDENTIFICATION NUMBER C00379735 CITY STATE ZIP CODE STATE DISTRICT IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 06 2006 through 09 30 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 Rick Nagel

Signature of Treasurer Electronically Filed by Rick Nagel Date 10 26 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

Cole for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	6

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	120256.00	913743.37
(b) Total Contribution Refunds (from Line 20(d)).....	9800.00	14725.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	110456.00	899018.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	287847.38	559115.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	750.00	6289.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	287097.38	552826.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	516534.33	
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

Write or Type Committee Name
Cole for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	6

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

59400.00

562847.30

(ii) Unitemized.....

9856.00

49671.94

(iii) TOTAL of contributions

69256.00

612519.24

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

51000.00

301224.13

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

120256.00

913743.37

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.).....

750.00

6289.28

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

4291.27

21353.04

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

125297.27

941385.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	287847.38	559115.64
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.....	7300.00	12225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	9800.00	14725.00
21. OTHER DISBURSEMENTS.....	214500.00	243548.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	512147.38	817388.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	903384.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	125297.27
25. SUBTOTAL (add Line 23 and Line 24).....	1028681.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	512147.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	516534.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Cole for Congress

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

Mailing Address 80 F St NW

City State Zip Code
Washington DC 20001-1528

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8265

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)
AFLAC Inc. PAC

Mailing Address 1932 Wynnton Rd

City State Zip Code
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 60906.C8211

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 Airlines PAC

Mailing Address 1101 17th St NW

City State Zip Code
Washington DC 20036-4789

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8316

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. American Council of Life Insurers PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1001 Pennsylvania Ave., NW, Suite		Transaction ID: 61005.C8317
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00147066	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. American Hospital Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 325 Seventh Street NW		Transaction ID: 61005.C8282
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00106146	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. American Medical Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1101 Vermont Ave NW		Transaction ID: 61023.C8387
City State Zip Code Washington DC 20005-3519	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00000422	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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 111
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Cole for Congress

A. Full Name (Last, First, Middle Initial)
 American Society Of Plastic Surgeons
 Mailing Address 444 East Algonquin Road
 City State Zip Code
 Arlington Heights IL 60005
 FEC ID number of contributing federal political committee. C C00249342
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006
Transaction ID: 61005.C8318
 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)
 Applied Materials Inc. PAC
 Mailing Address 20 Park Road Suite E
 City State Zip Code
 Burlingame CA 94010-4443
 FEC ID number of contributing federal political committee. C C00406892
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006
Transaction ID: 61005.C8304
 Amount of Each Receipt this Period
.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
 AT&T Federal PAC
 Mailing Address 175 E. Houston Rm.7-A-50
 City State Zip Code
 San Antonio TX 78205
 FEC ID number of contributing federal political committee. C C00185124
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006
Transaction ID: 61005.C8302
 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) 3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial) Automotive Free International Trade PAC Mailing Address 1625 Prince Street Suite 225 City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. C C00250399 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60817.C8067 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8	/	1	7	/	2	0	0	6													

B. Full Name (Last, First, Middle Initial) Build PAC Mailing Address 1201 15th St NW City State Zip Code Washington DC 20005-2842 FEC ID number of contributing federal political committee. C C00000901 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60809.C7968 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	5	/	2	0	0	6													

C. Full Name (Last, First, Middle Initial) Dealers Election Action Committee Mailing Address 8400 Westpark Dr City State Zip Code Mc Lean VA 22102-5116 FEC ID number of contributing federal political committee. C C00040998 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60817.C8069 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	1	7	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8	/	1	7	/	2	0	0	6													

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Dealers Election Action Committee

Full Name (Last, First, Middle Initial)
Mailing Address 8400 Westpark Dr

City State Zip Code
Mc Lean VA 22102-5116

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8254

Amount of Each Receipt this Period
5000.00

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

B. Dominion PAC

Full Name (Last, First, Middle Initial)
Mailing Address One James River Plaza
20th Floor

City State Zip Code
Richmond VA 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2006

Transaction ID: 60721.C7961

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. Duke Energy Corporation PAC

Full Name (Last, First, Middle Initial)
Mailing Address 422 South Church Street (PB05D)

City State Zip Code
Charlotte NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8266

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) ► **7000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Eli Lilly and Company PAC

Mailing Address 555 12th St NW

City Washington State DC Zip Code 20004-1209

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8267

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)
Every Republican is Crucial PAC

Mailing Address 25 E. Main Street Suite 200

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8284

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60707.C7948

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) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Federal Home Loan Bank of Topeka PAC

Mailing Address P.O. Box 176

City State Zip Code
Topeka KS 66601

FEC ID number of contributing federal political committee. **C** C00410720

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60817.C8068

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)
General Atomics PAC

Mailing Address PO Box 22930

City State Zip Code
San Diego CA 92192-2930

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: 61005.C8285

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)
Goodyear Good Govt Fund

Mailing Address 1144 E Market St

City State Zip Code
Akron OH 44316-0001

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60817.C8070

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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 111
(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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
HCA Good Government Fund

Mailing Address One Park Plaza
P.O. Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 61005.C8320

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)
International Game Technology PAC

Mailing Address 9295 Prototype Drive

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C** C00316331

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 61005.C8286

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)
MWH Americas Inc. Employees PAC

Mailing Address 380 Interlocken Crescent Suite 200

City Broomfield State CO Zip Code 80021

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID: 61005.C8322

Amount of Each Receipt this Period
4000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
NFIB Safe Trust PAC

Mailing Address 1201 F Street NW, Suite 200

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 60817.C8071

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)
Oklahoma Farm PAC

Mailing Address P.O. Box 24000

City State Zip Code
Oklahoma City OK 73124

FEC ID number of contributing federal political committee. **C** C00231670

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8303

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)
Penney PAC

Mailing Address 6501 Legacy Dr

City State Zip Code
Plano TX 75024-3612

FEC ID number of contributing federal political committee. **C** C00042895

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8287

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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Society of Indp. Gasoline Marketers PAC

Mailing Address 11911 Freedom Drive

City Reston State VA Zip Code 20190-5668

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 19 / 2006

Transaction ID: 60719.C7960

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)
The Brinks Company PAC

Mailing Address 1801 Bayberry Court
P.O. Box 18100

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00207472

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8283

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)
UPS PAC

Mailing Address 55 Glenlake Pkwy NE

City Atlanta State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8321

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)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
WALPAC

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716-0001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: 60809.C8026

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)
Zeneca PAC

Mailing Address 1800 Concord Pike; PO Box 15438

City Wilmington State DE Zip Code 19850-5437

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: 61005.C8319

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)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	5100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Joy Linn Alexander

Mailing Address 1302 7th Street

City Wilson State OK Zip Code 73463

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

Name of Employer Alexander Funeral Homes Occupation Funeral Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8288

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)
Mike L. Bailey

Mailing Address P.O. Box 521

City Durant State OK Zip Code 74702-0521

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 05 / 2006

Transaction ID: 60906.C8089

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)
George Baker

Mailing Address 5012 Scarsdale Rd

City Bethesda State MD Zip Code 20816-2438

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

Name of Employer Williams & Jensen Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8276

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)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial) Howard Barnett		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 6742 S Evanston Ave		Transaction ID: 60919.C8232	
City State Zip Code Tulsa OK 74136-4509	Amount of Each Receipt this Period 1000.00		
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 TSF Capital Hill investment banker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

B. Full Name (Last, First, Middle Initial) Scott Bauman		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 120 Merkle Drive		Transaction ID: 61005.C8291	
City State Zip Code Norman OK 73069-6426	Amount of Each Receipt this Period 1000.00		
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 Immuno-Mycologics Inc. COO	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

C. Full Name (Last, First, Middle Initial) Lance Benham		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 14500 N Hiwassee Rd		Transaction ID: 60817.C8031	
City State Zip Code Jones OK 73049-8821	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 Benham Companies President/CEO	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 500.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Loyd Benson

Mailing Address 1000 Wall Street

City State Zip Code
Frederick OK 73542-2428

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

Name of Employer
Self Employed

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60817.C8032

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Ron Blalock

Mailing Address 4101 N Classen Blvd

City State Zip Code
Oklahoma City OK 73118-2413

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

Name of Employer
The Brait Company

Occupation
Consumer Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: 60906.C8200

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)
Brad Miller Ranch LLC

Mailing Address P.O. Box 880

City State Zip Code
Antlers OK 74523

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

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: 60906.C8217

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) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Brad Miller

Mailing Address P.O. Box 880

City Antlers State OK Zip Code 74523

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

Name of Employer Brad Miller Ranch LLC Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2006

Transaction ID: 60906.C8219

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->Brad Miller Ranch LLC

B. Full Name (Last, First, Middle Initial)
Juanita L. Bradley

Mailing Address 4712 NW 30th St

City Oklahoma City State OK Zip Code 73122-1314

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2006

Transaction ID: 60919.C8234

Amount of Each Receipt this Period
 50.00

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

C. Full Name (Last, First, Middle Initial)
Curtis Brooks

Mailing Address 2822 Nichols Rd

City Chickasha State OK Zip Code 73018-7131

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 60809.C7975

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Christie Burgin

Mailing Address 10401 Greenbriar Pkwy

City State Zip Code
Oklahoma City OK 73159

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

Name of Employer Occupation
Auric Management LLC Management Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8231

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)
David Burrage

Mailing Address P.O. Box 960

City State Zip Code
Antlers OK 74523

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

Name of Employer Occupation
First Bank & Trust Co. Banker

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8096

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)
Steve Burrage

Mailing Address P.O. Box 671

City State Zip Code
Antlers OK 74523

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

Name of Employer Occupation
First Bank & Trust Co. Banker

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8097

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)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 111 (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)
 Cole for Congress

A. Full Name (Last, First, Middle Initial) C2 Gaming LLC Mailing Address 1945 Pama Lane City State Zip Code Las Vegas NV 89119-4621 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60919.C8221 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6		1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
	1000.00																						
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1000.00</td> </tr> </table>		1000.00																					
	1000.00																						

B. Full Name (Last, First, Middle Initial) Steve Weiss Mailing Address 1945 Pama Lane City State Zip Code Las Vegas NV 89119-4621 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60919.C8222 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>550.00</td> </tr> </table> Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->C2 Gaming LLC	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6		550.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
	550.00																						
Name of Employer Occupation Bzillions President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>550.00</td> </tr> </table>		550.00																					
	550.00																						

C. Full Name (Last, First, Middle Initial) Lowell Hansen Mailing Address 1945 Pama Lane City State Zip Code Las Vegas NV 89119-4621 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60919.C8223 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>330.00</td> </tr> </table> Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->C2 Gaming LLC	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6		330.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
	330.00																						
Name of Employer Occupation C2 Gaming LLC President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>330.00</td> </tr> </table>		330.00																					
	330.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td>1000.00</td> </tr> </table>	1000.00
1000.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="height: 20px;"></td> </tr> </table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Eugene Choate

Mailing Address 821 Stone Edge Court

City State Zip Code
Marietta GA 30068

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

Name of Employer Bankers Fidelity Life Ins. Co. Occupation President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8277

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)
Derrill Cody

Mailing Address 101 N Robinson Ave

City State Zip Code
Oklahoma City OK 73102-5501

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

Name of Employer McKinney & Stringer Occupation Attorney

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

2100.00

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

Transaction ID: 60707.C7946

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Derrill Cody

Mailing Address 101 N Robinson Ave

City State Zip Code
Oklahoma City OK 73102-5501

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

Name of Employer McKinney & Stringer Occupation Attorney

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

2500.00

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

Transaction ID: 60707.C7947

Amount of Each Receipt this Period
400.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 111
	<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)
Cole for Congress

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

Mailing Address P.O. Box 1404

City Ardmore State OK Zip Code 73402-1404

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2006

Transaction ID: 60809.C7977

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Raymond Colvert

Mailing Address PO Box 158

City Ardmore State OK Zip Code 73402-0158

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 60919.C8235

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)
Concussion LLC

Mailing Address 707 W Vickery Blvd. Suite 103

City Fort Worth State TX Zip Code 76104

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: 61005.C8280

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)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Allen Wallach

Mailing Address 707 W Vickery Blvd. Suite 103

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Concussion LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61023.C8389

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Andre R. Yanez

Mailing Address 707 W. Vickery Blvd. Suite 103

City State Zip Code
Fort Worth TX 76104

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

Name of Employer Concussion LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61023.C8390

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Neil Coughlan

Mailing Address 116 Mount Vernon St

City State Zip Code
Middletown CT 06457-3215

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

Name of Employer Us Chamber Institute Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8292

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Osage Tribal Council

Mailing Address 627 Grand View Avenue

City Pawhuska State OK Zip Code 74056

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

Name of Employer Indian tribe Occupation Indian tribe

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8281

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
D. Leon Cross

Mailing Address 742 Claremont Dr

City Norman State OK Zip Code 73069-5025

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8257

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)
Ron Cross

Mailing Address 2408 N Washington Ave

City Durant State OK Zip Code 74701-2123

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

Name of Employer Indian Nation Wholesale Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8105

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) ► **4350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Merrell Dean

Mailing Address 724 Terrace Pl

City State Zip Code
Norman OK 73069-5056

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

Name of Employer Self Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8258

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mike V. Dedmon

Mailing Address 109 N. Grand Fork Drive

City State Zip Code
Edmond OK 73003-4751

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8109

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)
Richard Dunham

Mailing Address 2125 Bryan Road

City State Zip Code
Durant OK 74701

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

Name of Employer Indian Nation Wholesale Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8145

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) ► **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Edward Fayak

Mailing Address 1325 Andy St

City Altus State OK Zip Code 73521-2201

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

Name of Employer Lee Office Equipment Occupation Vice President of Operations

Receipt For: 2006
 Primary General
 Other (specify) Primary

Election Cycle-to-Date 675.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: 60919.C8226

Amount of Each Receipt this Period
 150.00

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

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

Mailing Address 1109 Ada Street

City Durant State OK Zip Code 74701-2236

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2006

Transaction ID: 60906.C8151

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)
R.j. Gilbert

Mailing Address 4600 Goldfield

City San Antonio State TX Zip Code 78218-4601

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

Name of Employer SMT Inc. Occupation Corporate Officer

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2006

Transaction ID: 60809.C7962

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Ben Graves

Mailing Address 3220 Marshall Ave

City State Zip Code
Norman OK 73072-8028

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

Name of Employer Occupation
AIP Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8294

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)
Jeff L. Gregston

Mailing Address 2107 Carolin Drive

City State Zip Code
Duncan OK 73533-1305

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

Name of Employer Occupation
Self Employed Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60809.C7983

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)
Nick Gutierrez

Mailing Address 3616 Windover Dr

City State Zip Code
Norman OK 73072-3249

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

Name of Employer Occupation
Self Employed Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8237

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)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Vincent Haney

Mailing Address 203 S. Arno

City Coalgate State OK Zip Code 74538

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8160

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)
Christine Hansen

Mailing Address 1703 Dorchester Dr

City Nichols Hills State OK Zip Code 73120-1005

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

Name of Employer IOGCC Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 60817.C8038

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)
Eva Harris

Mailing Address PO Box 1333

City Ardmore State OK Zip Code 73402-1333

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60809.C7985

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
James Hewgley

Mailing Address 427 S Boston Ave
Suite 304

City Tulsa State OK Zip Code 74103-4130

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 60817.C8040

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Gene Hill

Mailing Address 9006 Old Dominion Drive

City Mc Lean State VA Zip Code 22102-1014

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

Name of Employer Computercraft Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8278

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)
Gene Hill

Mailing Address 9006 Old Dominion Drive

City Mc Lean State VA Zip Code 22102-1014

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

Name of Employer Computercraft Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8275

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Hobbs, Straus, Dean & Walker, LLP

Mailing Address 2120 L St NW

City Washington State DC Zip Code 20037-1527

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: 60809.C7966

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)
Richard F. Hohlt

Mailing Address 7901 Kent Road

City Alexandria State VA Zip Code 22308

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3600.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: 61005.C8310

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)
Robert L. Hutchins

Mailing Address 3615 NW Nob Hill Dr

City Lawton State OK Zip Code 73505-5136

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

Name of Employer Occupation
Lawton Novelty Co Vending

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 60817.C8041

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
John Jackson

Mailing Address 2219 Gerswin Drive

City State Zip Code
Durant OK 74701-2015

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

Name of Employer
Choctaw Nation of Oklahoma

Occupation
Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60906.C8167

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 5950 Blackberry Trail

City State Zip Code
Inver Grove Height MN 55076

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

Name of Employer Requested

Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 60906.C8169

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)
Glen Johnson

Mailing Address 1401 N 6th Ave

City State Zip Code
Durant OK 74701-2724

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

Name of Employer
SE OK State University

Occupation
Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 60906.C8172

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)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
James S. Jones

Mailing Address 2806 Wildwood Pl

City State Zip Code
Duncan OK 73533-1807

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

Name of Employer Self Occupation Surgeon

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8239

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
David L. Karsky

Mailing Address 26220 Hiawatha Court

City State Zip Code
Wyoming MN 55092-9345

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8174

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)
Mir M. Khezri

Mailing Address 1801 N. Willow Avenue

City State Zip Code
Broken Arrow OK 74012-9161

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8175

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) ► 2100.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

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

Mailing Address Box 819

City State Zip Code
Durant OK 74702

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

Name of Employer Occupation
Kincheloe Eye Care Center Optometrist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8176

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)
Sheila Kluss

Mailing Address 175 Tipps Road

City State Zip Code
Whitesboro TX 76273-5747

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

Name of Employer Occupation
Native Signs & Lighting, Inc. Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8177

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)
M.J. Lewis

Mailing Address 707 W Walnut Ave

City State Zip Code
Duncan OK 73533-4619

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 60809.C7990

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) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
J. Mike Marley

Mailing Address 421 Berkshire Drive

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8181

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)
Greg Massey

Mailing Address P.O. Box 130

City State Zip Code
Durant OK 74701

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

Name of Employer First United Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8183

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)
John Massey

Mailing Address 3614 Berne Blvd

City State Zip Code
Durant OK 74701-1885

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

Name of Employer First United Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8184

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) ▶ **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Hoyt Mayes

Mailing Address 4550 Mayes Dr

City State Zip Code
Norman OK 73072-9774

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

Name of Employer Occupation
First American Bank Banker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8299

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)
Robert McCutcheon

Mailing Address 2825 NW Grand Blvd
Unit 1

City State Zip Code
Oklahoma City OK 73116-4020

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

Name of Employer Occupation
JMA Energy Co. LLC Lawyer

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8260

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)
J.R McGraw

Mailing Address 10900 S Louisville Ave

City State Zip Code
Tulsa OK 74137-6721

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

Name of Employer Occupation
McGraw, Davisson, Stewart Real Estate Broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8243

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) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Jana McKeag
Mailing Address 315 Queen Street
City State Zip Code
Alexandria VA 22314-2614
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Barona Assoc. Consultant
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006
Transaction ID: 61005.C8311
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)
F. W. McLean
Mailing Address 811 NW 41st St
City State Zip Code
Lawton OK 73505-4925
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006
Transaction ID: 60809.C7998
Amount of Each Receipt this Period
50.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wilber McMurtry
Mailing Address 120 N. Robinson Avenue
Suite 1241W
City State Zip Code
Oklahoma City OK 73102-7604
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2006
Transaction ID: 60809.C8000
Amount of Each Receipt this Period
100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Morongo Band of Mission Indians

Mailing Address PO Box 366

City State Zip Code
Cabazon CA 92230-0366

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

Name of Employer Occupation
Indian tribe Indian tribe

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8279

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 100 W 5th St Suite 1100

City State Zip Code
Tulsa OK 74103-4227

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

Name of Employer Occupation
Gable & Gotwals Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 60809.C8003

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)
Douglas W. Nixon

Mailing Address HC 63 Box 20

City State Zip Code
Red Oak OK 74563

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

Name of Employer Occupation
Nixon Family BBQ Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8193

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) ► **2700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 111
	<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)
Cole for Congress

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

Mailing Address 8666 E 102nd St

City State Zip Code
Tulsa OK 74133-6988

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 60817.C8054

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)
Choctaw Nation Of Oklahoma

Mailing Address P.O. Box Drawer 1210

City State Zip Code
Durant OK 74702-1210

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

Name of Employer Indian tribe Occupation Indian tribe

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 60906.C8216

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)
Marilyn Pick

Mailing Address 3009 Quail Creek Rd

City State Zip Code
Oklahoma City OK 73120-1915

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: 60817.C8056

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Stephen M. Prescott

Mailing Address 7305 Waverly Avenue

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer
OK Medical Research Foundation
Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: 60906.C8208

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)
Julianne Pringle

Mailing Address 2300 Riverside Dr

City State Zip Code
Tulsa OK 74114-2400

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

Name of Employer
Homemaker
Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8273

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)
Greg Pyle

Mailing Address 323 Shell Lane

City State Zip Code
Durant OK 74701

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

Name of Employer
Choctaw Nation of Oklahoma
Occupation
Chief

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8118

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 111
	<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)
Cole for Congress

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

Mailing Address 11895 County Road 1550

City State Zip Code
Ada OK 74820

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

Name of Employer Occupation
East Central University President

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

200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8312

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
William C. Ray

Mailing Address P.O. Box 821

City State Zip Code
Altus OK 73522-0821

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

Name of Employer Occupation
Self Pharmacist

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

200.00

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

Transaction ID: 60809.C8008

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)
Beverly Reed

Mailing Address 17 Bay Drive

City State Zip Code
Annapolis MD 21403-4510

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

Name of Employer Occupation
Homemaker Homemaker

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8323

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)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
J.P. Reimer

Mailing Address 1105 NW Becontree Dr

City State Zip Code
Lawton OK 73505-4001

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

Name of Employer Self Employed
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8246

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Rocking O Construction LLC

Mailing Address 1287 S. Chisolm Road

City State Zip Code
Caddo OK 74729

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

Name of Employer
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 60906.C8218

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)
Pat Ortega

Mailing Address 1287 S. Chisolm Road

City State Zip Code
Caddo OK 74729

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

Name of Employer Rocking O Construction LLC
Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: 60906.C8220

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Rocking O Co-struction LLC

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Rollie Rose

Mailing Address 500 SW 134th St

City Oklahoma City State OK Zip Code 73170-1404

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: 60919.C8247

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
George Rowan

Mailing Address 5508 Ashleigh Rd

City Fairfax State VA Zip Code 22030-7241

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

Name of Employer Armed Forces Marketing Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8313

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)
Stacy Schusterman

Mailing Address 2 W 2nd St

City Tulsa State OK Zip Code 74103-3122

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

Name of Employer Samson Resources Occupation Chairman/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: 60919.C8263

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)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Wanda M. Scott

Mailing Address 2107 Fox Avenue

City Moore State OK Zip Code 73160

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

Name of Employer Chickasaw Nation Occupation legislator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
08 / 08 / 2006

Transaction ID: 60809.C8011

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
Blaine Smith

Mailing Address 4250 N 5th St

City Duncan State OK Zip Code 73533-5536

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

Name of Employer ASCOG Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
08 / 08 / 2006

Transaction ID: 60809.C8012

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)
Donna J. Smith

Mailing Address 15203 Patterson Road

City Shawnee State OK Zip Code 74801

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
09 / 05 / 2006

Transaction ID: 60906.C8126

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)	3600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 111
	<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)
Cole for Congress

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

Mailing Address 323 Railroad Ave

City State Zip Code
Greenwich CT 06830-6306

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

Name of Employer Prepaid Legal Services Occupation Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 60919.C8249

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)
Thomas Smith

Mailing Address P.O. Box 1335

City State Zip Code
Durant OK 74701-1799

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

Name of Employer REI Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8127

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)
John F. Sullivan

Mailing Address P.O. Box 1534

City State Zip Code
Ardmore OK 73402

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8140

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)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 111
	<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)
Cole for Congress

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

Mailing Address 700 Timberdell Road

City State Zip Code
Norman OK 73072

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

Name of Employer Self Occupation Speaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 61005.C8301

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)
Judy Thomas

Mailing Address 4701 Morris Lane

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Requested Occupation requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 60906.C8130

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)
Robert E. Thomas

Mailing Address PO Box 4679

City State Zip Code
Tulsa OK 74159-0679

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 60809.C8015

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) ► 1700.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 111
	<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)
Cole for Congress

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

Mailing Address 12900 County Road 30

City Billings State OK Zip Code 74630-2059

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
08 / 17 / 2006

Transaction ID: 60817.C8063

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Gene Whatley

Mailing Address 2628 E Hills Dr

City Oklahoma City State OK Zip Code 73160-9540

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

Name of Employer Oklahoma Rural Water Assn Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
08 / 17 / 2006

Transaction ID: 60817.C8064

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)
Thomas Whatman

Mailing Address 3053 Meadowsglen Ct

City Dublin State OH Zip Code 43017-1851

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 08 / 2006

Transaction ID: 60809.C8021

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) ► 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 111
	<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)
Cole for Congress

A. Full Name (Last, First, Middle Initial) Robert White		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1109 W 9th Ave		Transaction ID: 60906.C8212
City State Zip Code Stillwater OK 74074-5405	Amount of Each Receipt this Period 50.00	
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 Orange Pride Carwashes Owner	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Wayne Wylie		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 124 Holcomb Avenue		Transaction ID: 60906.C8214
City State Zip Code Durant OK 74701-6040	Amount of Each Receipt this Period 200.00	
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 requested Requested	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Jon Yarbrough		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 144 Laural Hill Drive		Transaction ID: 60906.C8215
City State Zip Code Smyrna TN 37167	Amount of Each Receipt this Period 1000.00	
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 requested Requested	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	59400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 111
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Oklahoma Election Board

Mailing Address State Capitol Building

City State Zip Code
Oklahoma City OK 73102-

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: 60809.C7970

Amount of Each Receipt this Period
750.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 111
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
BancFirst

Mailing Address PO Box 988

City State Zip Code
Norman OK 73070-0988

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5688.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2006

Transaction ID: 60817.C8074

Amount of Each Receipt this Period
405.80

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

B. Full Name (Last, First, Middle Initial)
BancFirst

Mailing Address PO Box 988

City State Zip Code
Norman OK 73070-0988

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6109.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2006

Transaction ID: 60919.C8270

Amount of Each Receipt this Period
420.78

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

C. Full Name (Last, First, Middle Initial)
BancFirst

Mailing Address PO Box 988

City State Zip Code
Norman OK 73070-0988

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6518.58

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: 61005.C8307

Amount of Each Receipt this Period
408.81

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

SUBTOTAL of Receipts This Page (optional) ► **1235.39**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) Bank2 Mailing Address 909 South Meridian		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
City State Zip Code Oklahoma City OK 73108-		Transaction ID: 60817.C8072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 239.04
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2584.66

Full Name (Last, First, Middle Initial) Bank2 Mailing Address 909 South Meridian		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
City State Zip Code Oklahoma City OK 73108-		Transaction ID: 60919.C8269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 239.60
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2824.26

Full Name (Last, First, Middle Initial) Bank2 Mailing Address 909 South Meridian		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
City State Zip Code Oklahoma City OK 73108-		Transaction ID: 61013.C8325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 232.41
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3056.67

SUBTOTAL of Receipts This Page (optional) ▶	711.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. First American Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006	
Mailing Address PO Box 1560		Transaction ID: 60809.C7967	
City State Zip Code Purcell OK 73080-1560	Amount of Each Receipt this Period 218.81		
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 995.64		

Full Name (Last, First, Middle Initial) B. First American Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address PO Box 1560		Transaction ID: 61005.C8305	
City State Zip Code Purcell OK 73080-1560	Amount of Each Receipt this Period 211.22		
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1206.86		

Full Name (Last, First, Middle Initial) C. Republic Bank of Norman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address PO Box 5369		Transaction ID: 60817.C8073	
City State Zip Code Norman OK 73070-5369	Amount of Each Receipt this Period 608.39		
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 9264.52		

SUBTOTAL of Receipts This Page (optional) ▶	1038.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 111
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Full Name (Last, First, Middle Initial)
Republic Bank of Norman

Mailing Address PO Box 5369

City State Zip Code
Norman OK 73070-5369

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9921.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: 60919.C8268

Amount of Each Receipt this Period
656.71

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

B. Full Name (Last, First, Middle Initial)
Republic Bank of Norman

Mailing Address PO Box 5369

City State Zip Code
Norman OK 73070-5369

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10570.93

Date of Receipt

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

Transaction ID: 61005.C8306

Amount of Each Receipt this Period
649.70

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

SUBTOTAL of Receipts This Page (optional)	▶	1306.41
TOTAL This Period (last page this line number only)	▶	4291.27

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. 1-800-Conference		Transaction ID: 60817.E2108 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006
Mailing Address PO Box 5075		Amount of Each Disbursement this Period 229.35
City Saginaw State MI Zip Code 48605-5075	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CONFERENCING	
Purpose of Disbursement Phone Conferencing Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. 1-800-Conference		Transaction ID: 60919.E2136 Date of Disbursement MM / DD / YYYY 09 / 07 / 2006
Mailing Address PO Box 5075		Amount of Each Disbursement this Period 263.01
City Saginaw State MI Zip Code 48605-5075	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CONFERENCING	
Purpose of Disbursement Phone Conferencing Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Alfano Leonardo LLC		Transaction ID: 60919.E2140 Date of Disbursement MM / DD / YYYY 09 / 18 / 2006
Mailing Address 1090 Vermont Ave. NW		Amount of Each Disbursement this Period 2047.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING	
Purpose of Disbursement Advertising Candidate Name		Category/Type 004
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) ▶	2539.36
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Alfano Leonardo LLC		Transaction ID: 60919.E2139 Date of Disbursement 09 / 18 / 2006	
Mailing Address 1090 Vermont Ave. NW		Amount of Each Disbursement this Period 7500.00	
City Washington State DC Zip Code 20005-	Purpose of Disbursement Advertising Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

Full Name (Last, First, Middle Initial) B. Alfano Leonardo LLC		Transaction ID: 60927.E2184 Date of Disbursement 09 / 27 / 2006	
Mailing Address 1090 Vermont Ave. NW		Amount of Each Disbursement this Period 8682.05	
City Washington State DC Zip Code 20005-	Purpose of Disbursement Advertising Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

Full Name (Last, First, Middle Initial) C. Alfano Leonardo LLC		Transaction ID: 60927.E2185 Date of Disbursement 09 / 27 / 2006	
Mailing Address 1090 Vermont Ave. NW		Amount of Each Disbursement this Period 1297.00	
City Washington State DC Zip Code 20005-	Purpose of Disbursement Advertising Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional) ▶	17479.05
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. AT&T/Southwestern Bell (HQ)		Transaction ID: 60809.E2058 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 630047		Amount of Each Disbursement this Period 46.81
City Dallas State TX Zip Code 75263-0047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T/Southwestern Bell (HQ)		Transaction ID: 60809.E2086 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 630047		Amount of Each Disbursement this Period 46.81
City Dallas State TX Zip Code 75263-0047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T/Southwestern Bell (HQ)		Transaction ID: 60906.E2134 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address PO Box 630047		Amount of Each Disbursement this Period 46.81
City Dallas State TX Zip Code 75263-0047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
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) ▶	140.43
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 111

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Bags, Inc.		Transaction ID: 60809.E2078 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1900 N Sooner Rd		Amount of Each Disbursement this Period 1293.60
City Oklahoma City State OK Zip Code 73141-1226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGN PRINTING	
Purpose of Disbursement Sign Printing Candidate Name		004 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) ▼	

Full Name (Last, First, Middle Initial) B. Bags, Inc.		Transaction ID: 60809.E2080 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1900 N Sooner Rd		Amount of Each Disbursement this Period 2102.35
City Oklahoma City State OK Zip Code 73141-1226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGN PRINTING	
Purpose of Disbursement Sign Printing Candidate Name		004 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) ▼	

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: 60809.E2076 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 200		Amount of Each Disbursement this Period 5.00
City Wilson State NC Zip Code 27894-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK SERVICE CHARGE	
Purpose of Disbursement Bank Service Charge Candidate Name		001 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) ▶	3400.95
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)
Cole for Congress

A. BB&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0200 Purpose of Disbursement Bank Service Charge 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: 60919.E2137 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 51.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK SERVICE CHARGE
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B. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17356 City Baltimore State MD Zip Code 21297-1356 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60809.E2051 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 51.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17356 City Baltimore State MD Zip Code 21297-1356 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60809.E2057 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 118.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	221.93
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60809.E2073 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 118.88
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60809.E2074 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 52.25
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 60906.E2116 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 52.15
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
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) ▶	223.28
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 60906.E2133 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 120.87
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 60927.E2181 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 52.15
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CMA Strategies, Inc.		Transaction ID: 60809.E2061 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 1508.64
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name	Category/Type	REIMBURSABLE EXPENSES: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1681.66
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. CMA Strategies, Inc.		Transaction ID: 60809.E2062 Date of Disbursement 07 / 12 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 1500.00
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POLITICAL CONSULTING	
Purpose of Disbursement Political Consulting		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) B. CMA Strategies, Inc.		Transaction ID: 60809.E2063 Date of Disbursement 07 / 12 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 8.64
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE EXPENSE	
Purpose of Disbursement Telephone Expense		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) C. CMA Strategies, Inc.		Transaction ID: 60809.E2087 Date of Disbursement 08 / 08 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 1511.26
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSABLE EXPENSES: SEE BELOW	
Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW		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) ▶	1511.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. CMA Strategies, Inc.		Transaction ID: 60809.E2089 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 11.26
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE EXPENSE	
Purpose of Disbursement Telephone Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CMA Strategies, Inc.		Transaction ID: 60809.E2088 Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 1500.00
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POLITICAL CONSULTING	
Purpose of Disbursement Political Consulting Candidate Name		001 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) ▼	

Full Name (Last, First, Middle Initial) C. CMA Strategies, Inc.		Transaction ID: 60920.E2169 Date of Disbursement MM / DD / YYYY 09 / 20 / 2006
Mailing Address 201 Robert S. Kerr, Suite 301		Amount of Each Disbursement this Period 1505.11
City Oklahoma City State OK Zip Code 73102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSABLE EXPENSES: SEE BELOW	
Purpose of Disbursement REIMBURSABLE EXPENSES: 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1505.11
TOTAL This Period (last page this line number only) ▶	(Empty field)

**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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Thomas Cole		Transaction ID: 60809.E2071 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 104 Briarwood St		Amount of Each Disbursement this Period 147.42
City Oklahoma City State OK Zip Code 73160-4710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Reimbursement	Category/Type 002	MILEAGE REIMBURSEMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Cole, Hargrave, Snodgrass & Associates		Transaction ID: 60809.E2049 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 2034		Amount of Each Disbursement this Period 13000.00
City Oklahoma City State OK Zip Code 73101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Polling Expense	Category/Type 005	POLLING EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Cole, Hargrave, Snodgrass & Associates		Transaction ID: 60809.E2050 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 2034		Amount of Each Disbursement this Period 193.38
City Oklahoma City State OK Zip Code 73101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage	Category/Type 001	FOOD AND BEVERAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	13340.80
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Comanche County Republican Party		Transaction ID: 60906.E2112 Date of Disbursement 08 / 21 / 2006
Mailing Address 3503 NW Ridgewood Place		Amount of Each Disbursement this Period 1200.00
City Lawton State OK Zip Code 73505-	Purpose of Disbursement Rent Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT EXPENSE

Full Name (Last, First, Middle Initial) B. Comtech		Transaction ID: 60809.E2048 Date of Disbursement 07 / 07 / 2006
Mailing Address 1010 NW 68th St		Amount of Each Disbursement this Period 285.00
City Oklahoma City State OK Zip Code 73116-7202	Purpose of Disbursement Postage Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE EXPENSE

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: 60817.E2110 Date of Disbursement 08 / 17 / 2006
Mailing Address P.O. Box 268870		Amount of Each Disbursement this Period 219.85
City Oklahoma City State OK Zip Code 73126-8870	Purpose of Disbursement Utilites Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITES EXPENSE

SUBTOTAL of Disbursements This Page (optional)	1704.85
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: 60920.E2176 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 268870		Amount of Each Disbursement this Period 380.03
City Oklahoma City State OK Zip Code 73126-8870	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Expense Candidate Name	Category/Type 001	UTILITIES EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Daily Digital		Transaction ID: 60809.E2040 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 1917 Atchison Dr		Amount of Each Disbursement this Period 1933.20
City Norman State OK Zip Code 73069-8266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sign Printing Expense Candidate Name	Category/Type 004	SIGN PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Direct Mail Systems, Inc.		Transaction ID: 60809.E2060 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 1500.25
City Clearwater State FL Zip Code 33762-4427	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Postage Candidate Name	Category/Type 003	FUNDRAISING POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3813.48
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Direct Mail Systems, Inc.		Transaction ID: 60817.E2109 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 1576.40
City Clearwater State FL Zip Code 33762-4427	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Printing & Mailing Candidate Name	Category/Type 003	FUNDRAISING PRINTING & MAILING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. EDONATION.COM		Transaction ID: 60919.E2141 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 118 N St.		Amount of Each Disbursement this Period 156.00
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type 003	MERCHANT FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. EDONATION.COM		Transaction ID: 61005.E2209 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 118 N St.		Amount of Each Disbursement this Period 75.00
City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant Fee Candidate Name	Category/Type 003	MERCHANT FEE
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) ▶	1807.40
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)
Cole for Congress

A. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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: 60809.E2036 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 1028.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
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B. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement Postage 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) ▼		Transaction ID: 60809.E2038 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 28.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE SERVICES
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C. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement Accounting 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) ▼		Transaction ID: 60809.E2037 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 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 [MEMO ITEM] MEMO: ACCOUNTING SERVICES
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SUBTOTAL of Disbursements This Page (optional) ▶	1028.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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: 60906.E2118 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1031.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
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B. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement Accounting 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) ▼		Transaction ID: 60906.E2119 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 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 [MEMO ITEM] MEMO: ACCOUNTING SERVICES
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C. FEC Financial Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374 City Sterling State VA Zip Code 20165-1374 Purpose of Disbursement Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60906.E2120 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 31.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	1031.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

<p>A. FEC Financial</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374</p>		<p>Transaction ID: 60920.E2177 Date of Disbursement: 09 / 20 / 2006</p>
<p>City Sterling State VA Zip Code 20165-1374</p> <p>Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 1011.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>REIMBURSABLE EXPENSES: SEE BELOW</p>

<p>B. FEC Financial</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374</p>		<p>Transaction ID: 60920.E2179 Date of Disbursement: 09 / 20 / 2006</p>
<p>City Sterling State VA Zip Code 20165-1374</p> <p>Purpose of Disbursement Postage Expense</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 11.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>[MEMO ITEM] MEMO: POSTAGE EXPENSE</p>

<p>C. FEC Financial</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 651374</p>		<p>Transaction ID: 60920.E2178 Date of Disbursement: 09 / 20 / 2006</p>
<p>City Sterling State VA Zip Code 20165-1374</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name</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>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>[MEMO ITEM] MEMO: ACCOUNTING SERVICES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1011.31</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Cole for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Postage Expense 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: 60809.E2034 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 108.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60906.E2121 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 99.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Postage Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60927.E2182 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 156.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	364.93
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Franklin Graphics		Transaction ID: 60809.E2047 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 3103 S Cherokee Dr		Amount of Each Disbursement this Period 1845.78
City Muskogee State OK Zip Code 74403-8054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Services	Category/Type 003	PRINTING SERVICES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Key & Associates		Transaction ID: 60809.E2041 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 12176 Chancery Station Cir		Amount of Each Disbursement this Period 6990.47
City Reston State VA Zip Code 20190-5803	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW	Category/Type	REIMBURSABLE EXPENSES: SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Key & Associates		Transaction ID: 60809.E2043 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 12176 Chancery Station Cir		Amount of Each Disbursement this Period 14.47
City Reston State VA Zip Code 20190-5803	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Expense	Category/Type 002	[MEMO ITEM] MEMO: GASOLINE EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	8836.25
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)
Cole for Congress

<p>A. Key & Associates</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir</p>		<p>Transaction ID: 60809.E2042 Date of Disbursement 07 / 07 / 2006</p>
<p>City Reston State VA Zip Code 20190-5803</p>	<p>Purpose of Disbursement Fundraising Consulting</p>	<p>Amount of Each Disbursement this Period 6146.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FUNDRAISING CONSULTING</p>

<p>B. Key & Associates</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir</p>		<p>Transaction ID: 60809.E2045 Date of Disbursement 07 / 07 / 2006</p>
<p>City Reston State VA Zip Code 20190-5803</p>	<p>Purpose of Disbursement Event Catering Expense</p>	<p>Amount of Each Disbursement this Period 759.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EVENT CATERING EXPENSE</p>

<p>C. Key & Associates</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir</p>		<p>Transaction ID: 60809.E2044 Date of Disbursement 07 / 07 / 2006</p>
<p>City Reston State VA Zip Code 20190-5803</p>	<p>Purpose of Disbursement Food and Beverage</p>	<p>Amount of Each Disbursement this Period 71.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FOOD AND BEVERAGE</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Cole for Congress

A. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name		Transaction ID: 60809.E2052 Date of Disbursement 07 / 10 / 2006 Amount of Each Disbursement this Period 6085.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSABLE EXPENSES: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type REIMBURSABLE EXPENSES: SEE BELOW

B. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Event Catering Expense Candidate Name		Transaction ID: 60809.E2054 Date of Disbursement 07 / 10 / 2006 Amount of Each Disbursement this Period 1264.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EVENT CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

C. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Office Supplies Candidate Name		Transaction ID: 60809.E2056 Date of Disbursement 07 / 10 / 2006 Amount of Each Disbursement this Period 1.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	6085.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 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: 60809.E2053 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 4812.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING CONSULT-ING
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B. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Parking Expense 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: 60809.E2055 Date of Disbursement: M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING EXPENSE
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C. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW 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: 60809.E2082 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 2666.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSABLE EXPENSES: SEE BELOW
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SUBTOTAL of Disbursements This Page (optional) ▶	2666.07
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)
Cole for Congress

A. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Parking Expense Candidate Name		Transaction ID: 60809.E2085 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 002

B. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Fundraising Consulting Candidate Name		Transaction ID: 60809.E2083 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 2600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 003

C. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Office Supplies Candidate Name		Transaction ID: 60809.E2084 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 59.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001

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)
Cole for Congress

A. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name		Transaction ID: 60920.E2172 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 7386.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSABLE EXPENSES: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Parking Expense Candidate Name		Transaction ID: 60920.E2174 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARKING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

C. Key & Associates Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir City Reston State VA Zip Code 20190-5803 Purpose of Disbursement Fundraising Consulting Candidate Name		Transaction ID: 60920.E2173 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 7066.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	7386.20
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)
Cole for Congress

<p>A. Key & Associates</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 12176 Chancery Station Cir</p>		<p>Transaction ID: 60920.E2175 Date of Disbursement 09 / 20 / 2006</p>
<p>City Reston State VA Zip Code 20190-5803</p>	<p>Purpose of Disbursement Travel Expense</p>	<p>Amount of Each Disbursement this Period 313.20</p>
<p>Candidate Name</p>	<p>002 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>[MEMO ITEM] MEMO: TRAVEL EXPENSE</p>

<p>B. Brice Kornegay</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2203 Morgan Dr</p>		<p>Transaction ID: 60906.E2111 Date of Disbursement 08 / 21 / 2006</p>
<p>City Norman State OK Zip Code 73069-6528</p>	<p>Purpose of Disbursement Travel Expense</p>	<p>Amount of Each Disbursement this Period 419.12</p>
<p>Candidate Name</p>	<p>002 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>TRAVEL EXPENSE</p>

<p>C. LMD Leasing C, LLC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1000 Century Blvd.</p>		<p>Transaction ID: 60809.E2077 Date of Disbursement 07 / 14 / 2006</p>
<p>City Oklahoma City State OK Zip Code 73110-</p>	<p>Purpose of Disbursement Rent Expense</p>	<p>Amount of Each Disbursement this Period 400.00</p>
<p>Candidate Name</p>	<p>001 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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>RENT EXPENSE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>819.12</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. LMD Leasing C, LLC		Transaction ID: 60809.E2081 Date of Disbursement 07 / 28 / 2006
Mailing Address 1000 Century Blvd.		Amount of Each Disbursement this Period 400.00
City Oklahoma City State OK Zip Code 73110-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT EXPENSE	
Purpose of Disbursement Rent Expense		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) B. LMD Leasing C, LLC		Transaction ID: 60919.E2149 Date of Disbursement 08 / 29 / 2006
Mailing Address 1000 Century Blvd.		Amount of Each Disbursement this Period 400.00
City Oklahoma City State OK Zip Code 73110-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT EXPENSE	
Purpose of Disbursement Rent Expense		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) C. Masterpiece Portrait Group		Transaction ID: 60809.E2059 Date of Disbursement 07 / 10 / 2006
Mailing Address 2201 W. Main St. Suite 400		Amount of Each Disbursement this Period 65.85
City Norman State OK Zip Code 73069-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHOTOGRAPHY EXPENSE	
Purpose of Disbursement Photography Expense		Category/Type 003
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) ▶	865.85
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Mentzer Media Services		Transaction ID: 60927.E2180 Date of Disbursement 09 / 25 / 2006
Mailing Address 600 Fairmount Ave Suite 306		Amount of Each Disbursement this Period 189150.00
City Towson State MD Zip Code 21286-1006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Services	Category/Type 004	MEDIA SERVICES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Monsanto		Transaction ID: 60919.E2138 Date of Disbursement 09 / 18 / 2006
Mailing Address 1300 Eye Street NW Suite 450 East		Amount of Each Disbursement this Period 1272.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare Expense	Category/Type 002	AIRFARE EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Norman Chamber		Transaction ID: 60920.E2168 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 982		Amount of Each Disbursement this Period 250.00
City Norman State OK Zip Code 73070-0982	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Dues	Category/Type 001	MEMBERSHIP DUES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	190672.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 60817.E2106 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 128.05
City Fairfax State VA Zip Code 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fee Candidate Name	Category/Type 001	FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex Inc.		Transaction ID: 60817.E2105 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 771.25
City Fairfax State VA Zip Code 22031-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : SEE BELOW Candidate Name	Category/Type	: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brice Kornegay		Transaction ID: 60817.E2103 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 2203 Morgan Dr		Amount of Each Disbursement this Period 771.25
City Norman State OK Zip Code 73069-6528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Tax Payment Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: SALARY TAX PAYMENT
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) ▶	899.30
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 60817.E2104 Date of Disbursement 07 / 31 / 2006
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 1970.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : SEE BELOW
City Fairfax State VA Zip Code 22031-		
Purpose of Disbursement : 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) ▼	

Full Name (Last, First, Middle Initial) B. Brice Kornegay		Transaction ID: 60817.E2102 Date of Disbursement 07 / 31 / 2006
Mailing Address 2203 Morgan Dr		Amount of Each Disbursement this Period 1970.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY EXPENSE
City Norman State OK Zip Code 73069-6528		
Purpose of Disbursement Salary Expense Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex Inc.		Transaction ID: 60919.E2158 Date of Disbursement 08 / 31 / 2006
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 78.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEE
City Fairfax State VA Zip Code 22031-		
Purpose of Disbursement Fee Candidate Name	Category/ Type 001	
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) ▶	2048.05
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Paychex Inc.		Transaction ID: 60919.E2156 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3060 Williams Drive #200		Amount of Each Disbursement this Period 3511.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : SEE BELOW
City Fairfax State VA Zip Code 22031-		
Purpose of Disbursement : 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) ▼	

Full Name (Last, First, Middle Initial) B. Brice Kornegay		Transaction ID: 60919.E2153 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2203 Morgan Dr		Amount of Each Disbursement this Period 916.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY
City Norman State OK Zip Code 73069-6528		
Purpose of Disbursement Salary Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brice Kornegay		Transaction ID: 60919.E2152 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 2203 Morgan Dr		Amount of Each Disbursement this Period 1970.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY EXPENSE
City Norman State OK Zip Code 73069-6528		
Purpose of Disbursement Salary Expense Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3511.95
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

A. Dustin Williams Full Name (Last, First, Middle Initial) Mailing Address 2200 Classen Apt. 3132 City Norman State OK Zip Code 73071-		Transaction ID: 60919.E2151 Date of Disbursement 08 / 31 / 2006
Purpose of Disbursement: Salary Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 625.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY EXPENSE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

B. Paychex Inc. Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive #200 City Fairfax State VA Zip Code 22031-		Transaction ID: 60919.E2157 Date of Disbursement 08 / 31 / 2006
Purpose of Disbursement: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1680.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : SEE BELOW
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type:		

C. Brice Kornegay Full Name (Last, First, Middle Initial) Mailing Address 2203 Morgan Dr City Norman State OK Zip Code 73069-6528		Transaction ID: 60919.E2154 Date of Disbursement 08 / 31 / 2006
Purpose of Disbursement: Salary Tax Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1238.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY TAX PAYMENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional)	1680.43
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Cole for Congress

A. Dustin Williams Full Name (Last, First, Middle Initial) Mailing Address 2200 Classen Apt. 3132 City Norman State OK Zip Code 73071- Purpose of Disbursement Salary Tax Payment 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: 60919.E2155 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 442.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SALARY TAX PAYMENT
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B. Paychex Inc. Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive #200 City Fairfax State VA Zip Code 22031- Purpose of Disbursement 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: 61005.E2224 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 87.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEE
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C. Rush Springs Gazette Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 597 City Rush Springs State OK Zip Code 73082- Purpose of Disbursement Journal Ad 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: 60906.E2115 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 JOURNAL AD
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SUBTOTAL of Disbursements This Page (optional) ▶	247.47
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Sooner Legends Inn		Transaction ID: 61005.E2213 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1200 24th Ave SW		Amount of Each Disbursement this Period 950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norman State OK Zip Code 73072-	Purpose of Disbursement Event Room Rental 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) ▼	EVENT ROOM RENTAL

Full Name (Last, First, Middle Initial) B. Stephens County GOP		Transaction ID: 60906.E2114 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 9th & Main		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Duncan State OK Zip Code 73533-	Purpose of Disbursement Rent Expense 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) ▼	RENT EXPENSE

Full Name (Last, First, Middle Initial) C. Switzers Locker Room		Transaction ID: 60809.E2046 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 905 SE 19th St		Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oklahoma City State OK Zip Code 73160-7421	Purpose of Disbursement Storage Rental July 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) ▼	STORAGE RENTAL JULY

SUBTOTAL of Disbursements This Page (optional) ▶	2265.00
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Switzers Locker Room		Transaction ID: 60809.E2039 Date of Disbursement MM / DD / YYYY 07 / 17 / 2006
Mailing Address 905 SE 19th St		Amount of Each Disbursement this Period 10.00
City Oklahoma City State OK Zip Code 73160-7421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE RENTAL JULY	
Purpose of Disbursement Storage Rental July		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Switzers Locker Room		Transaction ID: 60809.E2075 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 905 SE 19th St		Amount of Each Disbursement this Period 115.00
City Oklahoma City State OK Zip Code 73160-7421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE RENTAL AUG.	
Purpose of Disbursement Storage Rental Aug.		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Switzers Locker Room		Transaction ID: 60906.E2117 Date of Disbursement MM / DD / YYYY 08 / 23 / 2006
Mailing Address 905 SE 19th St		Amount of Each Disbursement this Period 115.00
City Oklahoma City State OK Zip Code 73160-7421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE RENTAL SEPT.	
Purpose of Disbursement Storage Rental Sept.		Category/Type 001
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) ▶	240.00
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Switzers Locker Room		Transaction ID: 60927.E2183 Date of Disbursement 09 / 27 / 2006
Mailing Address 905 SE 19th St		Amount of Each Disbursement this Period 115.00
City Oklahoma City State OK Zip Code 73160-7421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Rental Oct.	Candidate Name	STORAGE RENTAL OCT.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 60919.E2146 Date of Disbursement 09 / 08 / 2006
Mailing Address 129 W Gray St		Amount of Each Disbursement this Period 160.00
City Norman State OK Zip Code 73069-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense	Candidate Name	POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: 61005.E2220 Date of Disbursement 09 / 27 / 2006
Mailing Address 129 W Gray St		Amount of Each Disbursement this Period 248.48
City Norman State OK Zip Code 73069-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense	Candidate Name	POSTAGE EXPENSE
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) ▶	523.48
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Visa Corporate Card Center		Transaction ID: 60809.E2064 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 1479.55
City Norman State OK Zip Code 73070-6139	<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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. America West Airlines		Transaction ID: 60809.E2066 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006
Mailing Address 4000 East Sky Harbor Boulevard		Amount of Each Disbursement this Period 1262.76
City Phoenix State AZ Zip Code 85034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare Expense		[MEMO ITEM] MEMO: AIRFARE EXPENSE
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) ▼	

Full Name (Last, First, Middle Initial) C. Norman Cellular		Transaction ID: 60809.E2067 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006
Mailing Address 566 Buchanan Ave		Amount of Each Disbursement this Period 64.79
City Norman State OK Zip Code 73069-5793	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Equipment		[MEMO ITEM] MEMO: TELEPHONE EQUIPMENT
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) ▶	1479.55
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 60809.E2070 Date of Disbursement MM / DD / YYYY 07 / 07 / 2006	
Mailing Address 129 W Gray St		Amount of Each Disbursement this Period 35.10	
City Norman State OK Zip Code 73069-9998	Purpose of Disbursement Postage Expense Candidate Name	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: POSTAGE EXPENSE

Full Name (Last, First, Middle Initial) B. Visa Corporate Card Center		Transaction ID: 60809.E2090 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 3770.06	
City Norman State OK Zip Code 73070-6139	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) C. Cyberquest Solutions Inc.		Transaction ID: 60809.E2095 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006	
Mailing Address 24901 Northwestern Highway, Suite 101, Southfield,		Amount of Each Disbursement this Period 1067.00	
City Southfield State MI Zip Code 48075-	Purpose of Disbursement Computer Equipment Candidate Name	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: COMPUTER EQUIPMENT

SUBTOTAL of Disbursements This Page (optional) ▶	3770.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Dell Computer Corporation		Transaction ID: 60809.E2096 Date of Disbursement 08 / 01 / 2006
Mailing Address 8801 Research Blvd		Amount of Each Disbursement this Period 1162.06
City Austin State TX Zip Code 78758-6421	Purpose of Disbursement Computer Equipment 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMPUTER EQUIPMENT

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: 60809.E2094 Date of Disbursement 08 / 01 / 2006
Mailing Address 1001 International Blvd		Amount of Each Disbursement this Period 1217.20
City Atlanta State GA Zip Code 30354-1802	Purpose of Disbursement Airfare Expense 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE EXPENSE

Full Name (Last, First, Middle Initial) C. U.S. House of Representatives		Transaction ID: 60809.E2091 Date of Disbursement 08 / 01 / 2006
Mailing Address Longworth House Office Supply		Amount of Each Disbursement this Period 61.20
City Washington State DC Zip Code 20515-0001	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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 60809.E2092 Date of Disbursement 08 / 01 / 2006
Mailing Address 129 W Gray St		Amount of Each Disbursement this Period 130.23
City Norman State OK Zip Code 73069-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wal-Mart Supercenter		Transaction ID: 60809.E2097 Date of Disbursement 08 / 01 / 2006
Mailing Address 501 SW 19th St		Amount of Each Disbursement this Period 6.13
City Oklahoma City State OK Zip Code 73160-5427	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Visa Corporate Card Center		Transaction ID: 60906.E2122 Date of Disbursement 08 / 30 / 2006
Mailing Address PO Box 6139		Amount of Each Disbursement this Period 466.33
City Norman State OK Zip Code 73070-6139	<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	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	466.33
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 60906.E2123 Date of Disbursement 08 / 30 / 2006
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 48.68
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Food and 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial) B. Staples #1207		Transaction ID: 60906.E2127 Date of Disbursement 08 / 30 / 2006
Mailing Address 128 W I-240 Services Road		Amount of Each Disbursement this Period 115.49
City Oklahoma City State OK Zip Code 73139-	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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Dustin Williams		Transaction ID: 60919.E2143 Date of Disbursement 09 / 12 / 2006
Mailing Address 2200 Classen Apt. 3132		Amount of Each Disbursement this Period 91.65
City Norman State OK Zip Code 73071-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	91.65
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)
Cole for Congress

A. Dustin Williams Full Name (Last, First, Middle Initial) Mailing Address 2200 Classen Apt. 3132 City Norman State OK Zip Code 73071-		Transaction ID: 60919.E2144 Date of Disbursement: 09 / 12 / 2006
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) ▼		Amount of Each Disbursement this Period: 42.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

B. Dustin Williams Full Name (Last, First, Middle Initial) Mailing Address 2200 Classen Apt. 3132 City Norman State OK Zip Code 73071-		Transaction ID: 60919.E2145 Date of Disbursement: 09 / 12 / 2006
Purpose of Disbursement: Mileage 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) ▼		Amount of Each Disbursement this Period: 49.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MILEAGE

C. Dustin Williams Full Name (Last, First, Middle Initial) Mailing Address 2200 Classen Apt. 3132 City Norman State OK Zip Code 73071-		Transaction ID: 61005.E2210 Date of Disbursement: 09 / 22 / 2006
Purpose of Disbursement: REIMBURSEMENT: SEE BELOW 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) ▼		Amount of Each Disbursement this Period: 131.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	131.72
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

<p>A. Full Name (Last, First, Middle Initial) Dustin Williams</p>		<p>Transaction ID: 61005.E2211 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	2		2	0	0	6														
<p>Mailing Address 2200 Classen Apt. 3132</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>91.76</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		91.76																			
91.76																							
<p>City Norman State OK Zip Code 73071-</p>	<p>Purpose of Disbursement Mileage Candidate Name</p>	<p>Category/Type 002</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>																						

[MEMO ITEM]
MEMO: MILEAGE

<p>B. Full Name (Last, First, Middle Initial) Dustin Williams</p>		<p>Transaction ID: 61005.E2212 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	2		2	0	0	6														
<p>Mailing Address 2200 Classen Apt. 3132</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.96</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>		39.96																			
39.96																							
<p>City Norman State OK Zip Code 73071-</p>	<p>Purpose of Disbursement Office Supplies Candidate Name</p>	<p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

287491.34

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Bass Victory Committee		Transaction ID: 60927.E2186 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 3451		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 Concord State NH Zip Code 03302-	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name CHARLES F. BASS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sali For Congress		Transaction ID: 60920.E2167 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 71		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 Kuna State ID Zip Code 83634-	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name WILLIAM T. T SALI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Bilbray For Congress		Transaction ID: 60927.E2193 Date of Disbursement 09 / 27 / 2006
Mailing Address 2466 Unicornio Street		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 Carlsbad State CA Zip Code 92009-	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name BRIAN P BILBRAY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Buyer For Congress		Transaction ID: 60927.E2194 Date of Disbursement 09 / 27 / 2006
Mailing Address 200 North Main Street P.O. Box 712		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 Monticello State IN Zip Code 47960-	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name STEVE CONGRESSMAN BUYER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cathy McMorris For Congress		Transaction ID: 60927.E2190 Date of Disbursement 09 / 27 / 2006
Mailing Address Box 137		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 Spokane State WA Zip Code 99210-	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name SUE MYRICK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David S. McSweeney For Congress		Transaction ID: 61005.E2223 Date of Disbursement 09 / 28 / 2006
Mailing Address 8 Hubbell Court		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 Barrington State IL Zip Code 60010-	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name S. DAVID MCSWEENEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Dean Heller For Congress		Transaction ID: 60809.E2072 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 750580		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 Las Vegas State NV Zip Code 89137-	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name DEAN HELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John T. Doolittle for Congress (CA/H04)		Transaction ID: 61003.E2207 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 400 Capitol Mall		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 Sacramento State CA Zip Code 95814-4407	011 Category/Type	
Purpose of Disbursement Political Contribution		
Candidate Name JOHN DOOLITTLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Don Sherwood		Transaction ID: 60919.E2161 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 81 Warren Street		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 Tunkhannock State PA Zip Code 18657-	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name DONALD L. SHERWOOD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Friends of Frank Wolf		Transaction ID: 60927.E2198 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 710235		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 Herndon State VA Zip Code 20171-	011 Category/Type	
Purpose of Disbursement Political Contribution		
Candidate Name FRANK R WOLF		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Ginny Brown-Waite		Transaction ID: 61003.E2205 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 704 Ponce de Leon Blvd.		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 Brooksville State FL Zip Code 34601-	011 Category/Type	
Purpose of Disbursement Political Contribution		
Candidate Name VIRGINIA BROWN-WAITE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gard For Congress		Transaction ID: 60919.E2163 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address PO Box 277		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 Green Bay State WI Zip Code 54305-	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN G GARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Gilchrest For Congress		Transaction ID: 60927.E2188 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 644		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 Chestertown State MD Zip Code 21620-	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name WAYNE T GILCHREST		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gutknecht For U.S. Congress		Transaction ID: 60927.E2196 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 6428		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 Rochester State MN Zip Code 55903-	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name GILBERT W JR. GUTKNECHT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jeff Fortenberry For U.S. Congress		Transaction ID: 60927.E2187 Date of Disbursement 09 / 27 / 2006
Mailing Address 6415 Rainier Dr		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 Lincoln State NE Zip Code 68510-4128	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name JEFF FORTENBERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Jim Jordan For Congress		Transaction ID: 60927.E2201 Date of Disbursement 09 / 27 / 2006
Mailing Address 1709 State Route 560 S		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 Urbana State OH Zip Code 43078-	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name JAMES D JORDAN	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04		

Full Name (Last, First, Middle Initial) B. Jo Ann Davis For Congress		Transaction ID: 60927.E2199 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 1834		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 Yorktown State VA Zip Code 23692-	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name JO ANN S. DAVIS	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01		

Full Name (Last, First, Middle Initial) C. Joy Padgett For Congress		Transaction ID: 60927.E2200 Date of Disbursement 09 / 27 / 2006
Mailing Address 871 Walnut Street		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 Coshocton State OH Zip Code 43812-	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name JOY PADGETT	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18		

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Kuhl For Congress		Transaction ID: 60927.E2189 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 10 Ganesvoort Street		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 Bath State NY Zip Code 14810-	011 Category/Type	
Purpose of Disbursement Political Contribution		
Candidate Name JOHN R JR KUHL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lamborn For Congress		Transaction ID: 60919.E2150 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 5170 North Union Blvd.		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 Colorado Springs State CO Zip Code 80918-	011 Category/Type	
Purpose of Disbursement Political Contribution		
Candidate Name DOUGLAS L LAMBORN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Natl Republican Congressional Cmte		Transaction ID: 60927.E2202 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	001 Category/Type	
Purpose of Disbursement Transfer of Excess Funds		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	29000.00
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Cmte		Transaction ID: 60809.E2035 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 100000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Transfer of Excess Funds Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Northrup For Congress		Transaction ID: 60927.E2191 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 7313		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 Louisville State KY Zip Code 40257-	Purpose of Disbursement Political Contribution Candidate Name ANNE M NORTHROP Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Oklahoma Republican Party		Transaction ID: 60919.E2147 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 4031 N Lincoln Blvd		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oklahoma City State OK Zip Code 73105-5206	Purpose of Disbursement TRANSFER EXCESS FUNDS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	102500.00
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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Oklahoma Victory 2006		Transaction ID: 60920.E2165 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 1072		Amount of Each Disbursement this Period 25000.00
City Oklahoma City State OK Zip Code 73101-1072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transfer Excess Funds Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Porter For Congress		Transaction ID: 61003.E2206 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89126-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contribution Candidate Name JON C SR PORTER		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ray Meier For Congress		Transaction ID: 60919.E2160 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address PO Box 120		Amount of Each Disbursement this Period 2000.00
City Utica State NY Zip Code 13503-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name RAYMOND MEIER		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	28000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Robert Aderholt For Congress		Transaction ID: 60927.E2192 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 1158 940 Hwy 13		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 Haleyville State AL Zip Code 35565-	Purpose of Disbursement Political Contribution Candidate Name ROBERT B. ADERHOLT Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roskam For Congress		Transaction ID: 60919.E2164 Date of Disbursement 09 / 19 / 2006
Mailing Address 423 W. Wesley Street		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 Wheaton State IL Zip Code 60189-	Purpose of Disbursement Contribution Candidate Name PETER ROSKAM Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Schmidt For Congress		Transaction ID: 60919.E2159 Date of Disbursement 09 / 13 / 2006
Mailing Address 771 Wards Corner Rd		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 Loveland State OH Zip Code 45140-	Purpose of Disbursement Contribution Candidate Name JEANNETTE H SCHMIDT Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Schwarz For Congress		Transaction ID: 60809.E2033 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2063		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 State Zip Code Battle Creek MI 49016-	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN SCHWARZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Scott Garrett For Congress		Transaction ID: 60927.E2195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 905		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 State Zip Code Newton NJ 07860-	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name SCOTT GARRETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shelley Moore Capito For Congress		Transaction ID: 61003.E2204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 11519		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 State Zip Code Charleston WV 25339-	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name SHELLEY MOORE CAPITO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Simmons For Congress		Transaction ID: 60920.E2166 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 268		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 Stonington State CT Zip Code 06378-0268	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name ROB SIMMONS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Steve King For Congress		Transaction ID: 60927.E2197 Date of Disbursement 09 / 27 / 2006
Mailing Address PO Box 576		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 Odebolt State IA Zip Code 51458-	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name STEVEN A KING		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue Myrick For Congress		Transaction ID: 60927.E2203 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 37091		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 Charlotte State NC Zip Code 28237-	011 Category/Type	
Purpose of Disbursement Political Contribution Candidate Name SUE MYRICK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)
Cole for Congress

A. 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
Contribution

Candidate Name
THELMA D DRAKE

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 60919.E2162
Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

214500.00

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)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial) A. Osage Tribal Council		Transaction ID: 61005.E2221 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 627 Grand View Avenue		Amount of Each Disbursement this Period 1900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pawhuska State OK Zip Code 74056-	Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John Massey		Transaction ID: 60919.E2135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 3614 Berne Blvd		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Durant State OK Zip Code 74701-1885	Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Choctaw Nation Of Oklahoma		Transaction ID: 60906.E2132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box Drawer 1210		Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Durant State OK Zip Code 74702-1210	Purpose of Disbursement Refund of Contribution ITEMIZE: REFUND Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial)
A. Wanda M. Scott

Mailing Address 2107 Fox Avenue

City State Zip Code
Moore OK 73160-

Purpose of Disbursement
Refund of Contribution ITEMIZE: REFUND

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60817.E2101
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

2800.00

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

7300.00

**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)

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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 checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Cole for Congress

Full Name (Last, First, Middle Initial)

A. Dealers Election Action Committee

Mailing Address 8400 Westpark Dr

City State Zip Code
Mc Lean VA 22102-5116

Purpose of Disbursement
Refund of Contribution ITEMIZE: OVERLIM

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60919.E2142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

Image# 26950724752

Form/Schedule: **F3A** This amended report reflects updated contributor information
Transaction ID: **C00379735**
