

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 07 2006 in the State of LA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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

Signature of Treasurer Electronically Filed by William Clifford Smith Date 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

BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	951.88	15048.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1617.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	951.88	13430.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	122000.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

0.00

0.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1617.64

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

0.00

3610.30

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

0.00

5227.94

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	951.88	15048.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	7000.00	47000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7951.88	62048.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129952.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	129952.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7951.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122000.36

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

A. Trudy Clement Full Name (Last, First, Middle Initial) Mailing Address 701 Bayou Lane City Thibodaux State LA Zip Code 70301 Purpose of Disbursement Financial Consultant Candidate Name		Transaction ID: SB17.4213 Date of Disbursement 10 / 01 / 2006 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
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

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Mailing Candidate Name		Transaction ID: SB17.4222 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 41.80 <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) ▼	Category/Type: 001

C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Mailing Candidate Name		Transaction ID: SB17.4223 Date of Disbursement 10 / 15 / 2006 Amount of Each Disbursement this Period 35.08 <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) ▼	Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶	576.88
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 8

<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)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Full Name (Last, First, Middle Initial)

A. Tiger Drive Storage

Mailing Address 310 Pamela Drive

City Thibodaux State LA Zip Code 70301

Purpose of Disbursement
Storage of Files

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4220

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		0	1		2	0	0	6

Amount of Each Disbursement this Period

375.00

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

SUBTOTAL of Disbursements This Page (optional) ►

375.00

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

951.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

Full Name (Last, First, Middle Initial) A. COMMITTEE TO RE-ELECT ED TOWNS		Transaction ID: SB21.4233 Date of Disbursement
Mailing Address 438 Lewis Avenue		<input type="checkbox"/> 10 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2006
City Brooklyn	State NY	Zip Code 11233
Purpose of Disbursement Donation	<input type="checkbox"/> 011	Amount of Each Disbursement this Period
Candidate Name COMMITTEE TO RE-ELECT ED TOWNS	Category/ Type	<input type="checkbox"/> 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: NY	District: 10	

Full Name (Last, First, Middle Initial) B. FRIENDS OF BENNIE THOMPSON		Transaction ID: SB21.4229 Date of Disbursement
Mailing Address P.O. Box 100 P.O. Box 100		<input type="checkbox"/> 10 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2006
City Bolton	State MS	Zip Code 39041
Purpose of Disbursement Donation	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name FRIENDS OF BENNIE THOMPSON	Category/ Type	<input type="checkbox"/> 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: MS	District: 02	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB21.4225 Date of Disbursement
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		<input type="checkbox"/> 10 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2006
City STATE HOUSE SQUARE	State CT	Zip Code 06123
Purpose of Disbursement Donation	<input type="checkbox"/> 011	Amount of Each Disbursement this Period
Candidate Name FRIENDS OF JOE LIEBERMAN	Category/ Type	<input type="checkbox"/> 2000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: CT	District: 00	

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BILLY TAUZIN CONGRESSIONAL COMMITTEE, THE

A. Full Name (Last, First, Middle Initial)
JOHN T. DOOLITTLE FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code
SACRAMENTO CA 95833

Purpose of Disbursement
Donation

Candidate Name
JOHN T. DOOLITTLE FOR CONGRESS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 4

Transaction ID: SB21.4231

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
TOM KEAN FOR US SENATE INC

Mailing Address PO BOX 225

City State Zip Code
COLONIA NJ 07067

Purpose of Disbursement
Donation

Candidate Name
TOM KEAN FOR US SENATE INC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 00

Transaction ID: SB21.4227

Date of Disbursement

10 / 12 / 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)

3000.00

TOTAL This Period (last page this line number only)

7000.00