

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

Bachus for Congress Committee

ADDRESS (number and street)

P.O. Box 131134

Check if different than previously reported. (ACC)

Birmingham

AL

35213

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00260547

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AL

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2007

through

03

31

2007

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 Randy Dempsey

Signature of Treasurer Electronically Filed by Randy Dempsey

Date

04

13

2007

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bachus for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	70000.00	84150.00
(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)).....	70000.00	84150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	125812.69	241225.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	125812.69	241225.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	465566.12	
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
Bachus for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

29500.00

42730.00

(ii) Unitemized.....

0.00

420.00

(iii) TOTAL of contributions

29500.00

43150.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

40500.00

41000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

70000.00

84150.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

0.00

0.00

15. OTHER RECEIPTS

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

25359.19

6968.64

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

95359.19

91118.64

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	125812.69	241225.93
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.....	116535.35	122516.35
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	242348.04	363742.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	612554.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	95359.19
25. SUBTOTAL (add Line 23 and Line 24).....	707914.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	242348.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	465566.12

**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 5 / 116
	<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	

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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
AICPA Effective Legislation Comm

Mailing Address 1455 Pennsylvania Ave NW
Suite 400

City Washington State DC Zip Code 20004-1044

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

Name of Employer AICPA Effective Legislation Co Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70406.C9931

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address 1401 I Street, N.W.
Suite 1100

City Washington State DC Zip Code 20005

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

Name of Employer AT&T PAC Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2007

Transaction ID: 70315.C9911

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)
BLOCK PAC

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3960

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

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: 70406.C9921

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) ► **8500.00**

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 / 116
	(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)
Bachus for Congress Committee

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

Mailing Address 555 12th St., NW
Suite 500

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 7

Transaction ID: 70406.C9919

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1225 Connecticut Ave NW
Suite 600

City Washington State DC Zip Code 20036-2616

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

Name of Employer Ernst & Young PAC Occupation PAC Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 70406.C9947

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)
Ernst & Young PAC

Mailing Address 1225 Connecticut Ave NW
Suite 600

City Washington State DC Zip Code 20036-2616

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

Name of Employer Ernst & Young PAC Occupation PAC Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: 70406.C9948

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 12500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 116
	<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)
Bachus for Congress Committee

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

Mailing Address 3900 Wisconsin Ave NW

City Washington State DC Zip Code 20016-2806

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70406.C9930

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address Post Office Box 18254

City Washington State DC Zip Code 20036-8254

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70406.C9940

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)
Liberty Mutual Insurance PAC

Mailing Address 1730 Rhode Island Ave NW Suite 406

City Washington State DC Zip Code 20036-3118

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 26 / 2007

Transaction ID: 70315.C9912

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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 / 116
	(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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mortgage Bankers Assn PAC

Mailing Address 1919 Pennsylvania Ave NW

City State Zip Code
Washington DC 20006-3400

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

Name of Employer Occupation
MORPAC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 7

Transaction ID: 70131.C9906

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)
PriceWaterhouseCoopers PAC

Mailing Address 1301 K Street, NW Suite 800W

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: 70406.C9938

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)
VEN - PAC

Mailing Address Venable, Baetjer, Howard &Civilett Post Office Box 70002

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: 70208.C9909

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 9 / 116
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Wells Fargo Employee PAC

Mailing Address Wells Fargo Ctr
Sixth and Marquette

City State Zip Code
Minneapolis MN 55479-0001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2007

Transaction ID: 70406.C9920

Amount of Each Receipt this Period
5000.00

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)	40500.00

**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 10 / 116
	<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)
Bachus for Congress Committee

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

Mailing Address 151 West 17th Street #108

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
JP Morgan Chase Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: 70406.C9925

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)
Frank Bisignano

Mailing Address 5 Jared Court

City State Zip Code
Watchung NJ 07069

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

Name of Employer Occupation
JP Morgan Chase CAO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: 70315.C9914

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)
Philip Bleser

Mailing Address 13 Elide Road

City State Zip Code
Katonah NY 10536

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

Name of Employer Occupation
JP Morgan Chase banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2007

Transaction ID: 70406.C9923

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 116
	<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)
Bachus for Congress Committee

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

Mailing Address Post Office Box 550

City State Zip Code
Winfield AL 35594-0550

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

Name of Employer Occupation
Citizens Bank of Winfield President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 70208.C9910

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)
Richard Cashin

Mailing Address 10 Gracie Square (8G)

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
JP Morgan Chase Private Equity

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 7

Transaction ID: 70406.C9922

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)
Michael Clark

Mailing Address 157 Beach 135th Street

City State Zip Code
Rockaway Park NY 11694

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

Name of Employer Occupation
JP Morgan Chase banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 7

Transaction ID: 70406.C9926

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 116
	<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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Dederia Demouey

Mailing Address 19005 Hwy 613

City State Zip Code
Moss Point MS 39562

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

Name of Employer Occupation
Mississippi Export Railroad VP - Secretary/Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 70406.C9944

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)
James Dimon

Mailing Address 25 East Banks Street

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
JP Morgan Chase Chairman and CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 70406.C9939

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)
Ina Drew

Mailing Address 50 Farmstead Road

City State Zip Code
Short Hills NJ 07078-1225

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

Name of Employer Occupation
JP Morgan Chase CIO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2007

Transaction ID: 70406.C9924

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: (check only one)	PAGE 13 / 116
	<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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Martha Gallo

Mailing Address 21 South End Avenue

City State Zip Code
New York NY 10280

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

Name of Employer Occupation
JP Morgan Chase General Auditor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70406.C9928

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)
James B. Lee, Jr.

Mailing Address 270 Park Avenue, Floor 8

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
JP Morgan Chase Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2007

Transaction ID: 70315.C9916

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)
Greg Luce

Mailing Address 4251 The Cedars

City State Zip Code
Mobile AL 36608-0000

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

Name of Employer Occupation
Mississippi Export Railroad President & Chairman of the Bd

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2007

Transaction ID: 70406.C9946

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 116
	<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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Steve MacLellan

Mailing Address 433 N Wells #602

City Chicago State IL Zip Code 60610

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

Name of Employer JP Morgan Chase Occupation CEO Private Client Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70315.C9913

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)
S. Todd Maclin

Mailing Address 4312 Lorraine Avenue

City Dallas State TX Zip Code 75205

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

Name of Employer JP Morgan Chase Occupation Banking

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2007

Transaction ID: 70315.C9917

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)
Blythe Masters

Mailing Address 150 Reade Street

City New York State NY Zip Code 10013

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

Name of Employer JP Morgan Chase Occupation banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70406.C9927

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 116
	<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)
Bachus for Congress Committee

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

Mailing Address 600 Brawood Drive

City State Zip Code
Mobile AL 36608

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70406.C9945

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)
George OConnor

Mailing Address 502 W. Broad St.
Apt. 401

City State Zip Code
Falls Church VA 22046-3245

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

Name of Employer Occupation
Ryan, Phillips, Utrecht & Mack Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70406.C9941

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)
Charles Scharf

Mailing Address 45 Cushman Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
JP Morgan Chase CEO - Retail Financial Service

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: 70406.C9918

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: (check only one)	PAGE 16 / 116
	<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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Nikki Lyn Shocket

Mailing Address 3328 Clerendon Avenue

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 70406.C9943

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 Srednicki

Mailing Address P.O. Box 288

City State Zip Code
Montchanin DE 19710

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

Name of Employer Occupation
JP Morgan Chase CEO Chase Card Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: 70315.C9915

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)
Joseph Vasapoli

Mailing Address 4734 N 34th Road

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Ryan, Phillips, Utrecht & Mack Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 70406.C9942

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 116	
	(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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kevin Watters

Mailing Address 31 Homesdale Road

City State Zip Code
Bronxville NY 10708

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

Name of Employer Occupation
JP Morgan Chase CEO Business Banking Div

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	7

Transaction ID: 70406.C9929

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	29500.00

**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 18 / 116
	<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)
Bachus for Congress Committee

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

Mailing Address P.O. Box 2209

City State Zip Code
Omaha NE 68103-2209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
262.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2007

Transaction ID: 70411.C9951

Amount of Each Receipt this Period
262.77

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

B. Full Name (Last, First, Middle Initial)
Spencer Bachus

Mailing Address 2110 Magnolia Way

City State Zip Code
Birmingham AL 35243-2023

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6137.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 70406.C9937

Amount of Each Receipt this Period
6137.00

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

NOTE: purch. old campaign car

C. Full Name (Last, First, Middle Initial)
Compass Bank

Mailing Address PO Box 10566

City State Zip Code
Birmingham AL 35296-0002

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

Name of Employer Occupation
Compass Bank

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
519.35

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 31 / 2007

Transaction ID: 70406.C9934

Amount of Each Receipt this Period
81.98

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

SUBTOTAL of Receipts This Page (optional)	▶	6481.75
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 19 / 116
	(check only one)	
<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Compass Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address PO Box 10566		Transaction ID: 70406.C9935	
City Birmingham	State AL	Amount of Each Receipt this Period 6.03	
Zip Code 35296-0002		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Compass Bank	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 525.38		

Full Name (Last, First, Middle Initial) B. Compass Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address PO Box 10566		Transaction ID: 70406.C9936	
City Birmingham	State AL	Amount of Each Receipt this Period 16.04	
Zip Code 35296-0002		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Compass Bank	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 541.42		

Full Name (Last, First, Middle Initial) C. Compass Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address PO Box 10566		Transaction ID: 70409.C9949	
City Birmingham	State AL	Amount of Each Receipt this Period 17.65	
Zip Code 35296-0002		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Compass Bank	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 559.07		

SUBTOTAL of Receipts This Page (optional) ▶	39.72
TOTAL This Period (last page this line number only) ▶	6521.47

**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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Occasions Caterers		Transaction ID: 70315.E7884 Date of Disbursement
Mailing Address 5458 Third Street NE		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20011-
Purpose of Disbursement EVENT CATERING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="618.93"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT CATERING
State: District:		

Full Name (Last, First, Middle Initial) B. The Congressional Institute		Transaction ID: 70406.E8062 Date of Disbursement
Mailing Address 401 Wythe Street Suite 103		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22314-
Purpose of Disbursement HOUSE OF CONGRESS TOMORROW CONF	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="943.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	HOUSE OF CONGRESS TOMORROW CONF
State: District:		

Full Name (Last, First, Middle Initial) C. Mitchell Mazda Lincoln Mercury		Transaction ID: 70406.E8077 Date of Disbursement
Mailing Address 1222 Rucker Blvd		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Enterprise	State AL	Zip Code 36330-
Purpose of Disbursement PURCHASE OF NEW CAMPAIGN CAR	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="31233.62"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PURCHASE OF NEW CAMPAIGN CAR
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="32795.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Alabama Federation of Republican Women		Transaction ID: 70406.E7975	
Mailing Address 4008 Acton Cir		Date of Disbursement 03 / 30 / 2007	
City Birmingham	State AL	Zip Code 35243-4202	Amount of Each Disbursement this Period 400.00
Purpose of Disbursement WORKSHOP REGISTRATION		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		WORKSHOP REGISTRATION
State: District:			

Full Name (Last, First, Middle Initial) B. Aristotle		Transaction ID: 70315.E7885	
Mailing Address 205 Pennsylvania Ave SE		Date of Disbursement 02 / 21 / 2007	
City Washington	State DC	Zip Code 20003-1182	Amount of Each Disbursement this Period 1299.48
Purpose of Disbursement SQL HOSTING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SQL HOSTING
State: District:			

Full Name (Last, First, Middle Initial) C. Linda Bachus		Transaction ID: 70123.E7722	
Mailing Address 2110 Magnolia Way		Date of Disbursement 01 / 07 / 2007	
City Birmingham	State AL	Zip Code 35243-2023	Amount of Each Disbursement this Period 48.00
Purpose of Disbursement REIMBURSEMENT: TAXI FARE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT: TAXI FARE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1747.48
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Linda Bachus		Transaction ID: 70315.E7870 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 2110 Magnolia Way		Amount of Each Disbursement this Period 141.50	
City Birmingham State AL Zip Code 35243-2023	Purpose of Disbursement REIMBURSEMENT: TAXI FARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	REIMBURSEMENT: TAXI FARE	

Full Name (Last, First, Middle Initial) B. Linda Bachus		Transaction ID: 70406.E7952 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 2110 Magnolia Way		Amount of Each Disbursement this Period 103.00	
City Birmingham State AL Zip Code 35243-2023	Purpose of Disbursement REIMBURSEMENT: TAXI FARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	REIMBURSEMENT: TAXI FARE	

Full Name (Last, First, Middle Initial) C. Linda Bachus		Transaction ID: 70406.E7957 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address 2110 Magnolia Way		Amount of Each Disbursement this Period 80.00	
City Birmingham State AL Zip Code 35243-2023	Purpose of Disbursement REIMBURSEMENT: TAXI FARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	REIMBURSEMENT: TAXI FARE	

SUBTOTAL of Disbursements This Page (optional) ▶	324.50
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70123.E7720 Date of Disbursement 01 / 05 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 109.29	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 591-8680 TELEPHONE AND INTERNET	<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) ▼	591-8680 TELEPHONE AND INTERNET	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 70123.E7721 Date of Disbursement 01 / 05 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 73.87	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 328-0171 TELEPHONE	<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) ▼	328-0171 TELEPHONE	

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: 70131.E7857 Date of Disbursement 01 / 25 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 127.32	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 591.8680 TELEPHONE AND INTERNET	<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) ▼	591.8680 TELEPHONE AND INTERNET	

SUBTOTAL of Disbursements This Page (optional) ▶	310.48
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70131.E7856 Date of Disbursement 01 / 25 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 76.45	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 328-0171 TELEPHONE 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) ▼		
328-0171 TELEPHONE			

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 70406.E8065 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 79.02	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 328-0171 TELEPHONE 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) ▼		
328-0171 TELEPHONE			

Full Name (Last, First, Middle Initial) C. BellSouth		Transaction ID: 70406.E8064 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 126.80	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 591-8680 TELEPHONE & INTERNET 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) ▼		
591-8680 TELEPHONE & INTERNET			

SUBTOTAL of Disbursements This Page (optional) ▶	282.27
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70406.E7956 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 127.06	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement 591-8680 TELEPHONE AND INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	591-8680 TELEPHONE AND INTERNET	

Full Name (Last, First, Middle Initial) B. Bishop & Associates		Transaction ID: 70116.E7705 Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2007	
Mailing Address PO Box 27596		Amount of Each Disbursement this Period 4000.00	
City Panama City State FL Zip Code 32411-7596	Purpose of Disbursement JAN MEDIA CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	JAN MEDIA CONSULTING	

Full Name (Last, First, Middle Initial) C. Bishop & Associates		Transaction ID: 70131.E7866 Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2007	
Mailing Address PO Box 27596		Amount of Each Disbursement this Period 4000.00	
City Panama City State FL Zip Code 32411-7596	Purpose of Disbursement FEB MEDIA CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	FEB MEDIA CONSULTING	

SUBTOTAL of Disbursements This Page (optional) ▶	8127.06
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)

<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bishop & Associates		Transaction ID: 70406.E7973 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 27596		Amount of Each Disbursement this Period 4000.00
City Panama City State FL Zip Code 32411-7596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MARCH MEDIA CONSULTING	Candidate Name	MARCH MEDIA 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) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 70123.E7717 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 73.31
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COURIER CHARGES	Candidate Name	COURIER CHARGES
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. Bogart Associates		Transaction ID: 70123.E7718 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 217.07
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	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) ▶	4290.38
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70409.E8150 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 22.67	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70409.E8152 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 22.67	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70409.E8153 Date of Disbursement 10 / 03 / 2006	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.86	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

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)
Bachus for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8156 Date of Disbursement 10 / 16 / 2006</p>	
<p>City Memphis State TN Zip Code 38101-1140</p>		<p>Amount of Each Disbursement this Period 15.86</p>	
<p>Purpose of Disbursement SHIPPING Candidate Name</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: SHIPPING</p>	

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8154 Date of Disbursement 10 / 09 / 2006</p>	
<p>City Memphis State TN Zip Code 38101-1140</p>		<p>Amount of Each Disbursement this Period 15.85</p>	
<p>Purpose of Disbursement SHIPPING Candidate Name</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: SHIPPING</p>	

<p>C. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8155 Date of Disbursement 10 / 13 / 2006</p>	
<p>City Memphis State TN Zip Code 38101-1140</p>		<p>Amount of Each Disbursement this Period 15.86</p>	
<p>Purpose of Disbursement SHIPPING Candidate Name</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: SHIPPING</p>	

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

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 SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 70409.E8148 Date of Disbursement 08 / 24 / 2006 Amount of Each Disbursement this Period 15.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
--	--	--

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 SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 70409.E8151 Date of Disbursement 09 / 21 / 2006 Amount of Each Disbursement this Period 15.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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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 SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 70409.E8147 Date of Disbursement 08 / 21 / 2006 Amount of Each Disbursement this Period 15.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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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)
Bachus for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8144 Date of Disbursement 08 / 10 / 2006</p>
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period 13.80</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING</p>

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8146 Date of Disbursement 08 / 16 / 2006</p>
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period 15.80</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING</p>

<p>C. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70409.E8149 Date of Disbursement 08 / 31 / 2006</p>
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period 15.38</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><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING</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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70409.E8145 Date of Disbursement 08 / 14 / 2006
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.80
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	[MEMO ITEM] MEMO: SHIPPING
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. Bogart Associates		Transaction ID: 70123.E7719 Date of Disbursement 01 / 12 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 180.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CLINT SHOUPPE FUNDRAISING CALLS	Candidate Name	CLINT SHOUPPE FUNDRAISING CALLS
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. Bogart Associates		Transaction ID: 70131.E7864 Date of Disbursement 01 / 31 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1250.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement JAN FUNDRAISING CONSULTING	Candidate Name	JAN 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1430.00
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 70406.E8066 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7	
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 126.88	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement 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) ▼ SEE BELOW	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70406.E8073 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.86	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING 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) ▼ [MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70406.E8074 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.86	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING 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) ▼ [MEMO ITEM] MEMO: SHIPPING	

SUBTOTAL of Disbursements This Page (optional) ▶	126.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70406.E8072 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>1</td><td>1</td><td>/</td><td>0</td><td>1</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	1	1	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	0	6													
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.86</td> </tr> </table> </p>	15.86																			
15.86																						
<p>Candidate Name</p>	<p>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: SHIPPING</p>																				

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70406.E8069 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>1</td><td>0</td><td>/</td><td>2</td><td>3</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	1	0	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	3	/	2	0	0	6													
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.86</td> </tr> </table> </p>	15.86																			
15.86																						
<p>Candidate Name</p>	<p>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: SHIPPING</p>																				

<p>C. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140</p>		<p>Transaction ID: 70406.E8067 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>1</td><td>0</td><td>/</td><td>1</td><td>8</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	1	0	/	1	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	8	/	2	0	0	6													
<p>City Memphis State TN Zip Code 38101-1140</p>	<p>Purpose of Disbursement SHIPPING</p>	<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>15.86</td> </tr> </table> </p>	15.86																			
15.86																						
<p>Candidate Name</p>	<p>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: SHIPPING</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)
Bachus for Congress Committee

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 SHIPPING 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: 70406.E8070 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 15.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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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 SHIPPING 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: 70406.E8068 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 15.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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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 SHIPPING 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: 70406.E8071 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 15.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 70406.E7968 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 750.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEB FUNDRAISING CONSULTING	Candidate Name	FEB 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) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 70406.E8000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 510.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	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. Patton Boggs LLP		Transaction ID: 70406.E8001 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 510.00
City Washington State DC Zip Code 20037-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETINGS PHONE CALLS RESEARCH	Candidate Name	[MEMO ITEM] MEMO: MEETINGS PHONE CALLS RESEARCH
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) ▶	1260.00
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 70406.E7947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 45.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	SEE BELOW	
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. Federal Express		Transaction ID: 70406.E7950 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 16.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	[MEMO ITEM] MEMO: SHIPPING	
Purpose of Disbursement SHIPPING 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) C. Federal Express		Transaction ID: 70406.E7949 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 13.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	[MEMO ITEM] MEMO: SHIPPING	
Purpose of Disbursement SHIPPING 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) ▶	45.16
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70406.E7948 Date of Disbursement 12 / 21 / 2006	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.27	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 70406.E7954 Date of Disbursement 03 / 29 / 2007	
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1527.50	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) C. Patton Boggs LLP		Transaction ID: 70406.E7955 Date of Disbursement 03 / 29 / 2007	
Mailing Address 2550 M Street NW		Amount of Each Disbursement this Period 1527.50	
City Washington State DC Zip Code 20037-	Purpose of Disbursement LEGAL FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: LEGAL FEES	

SUBTOTAL of Disbursements This Page (optional) ▶	1527.50
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 70406.E7969 Date of Disbursement 03 / 30 / 2007	
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 750.00	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement MARCH FUNDRAISING CONSULTING	<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) ▼	MARCH FUNDRAISING CONSULTING	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 70406.E7959 Date of Disbursement 03 / 30 / 2007	
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 219.68	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement SEE BELOW	<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) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) C. pc/nametag, Inc.		Transaction ID: 70406.E7960 Date of Disbursement 03 / 30 / 2007	
Mailing Address P.O. Box 8604		Amount of Each Disbursement this Period 219.68	
City Madison State WI Zip Code 53708-	Purpose of Disbursement NAMETAG SUPPLIES ORGANIZER	<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: NAMETAG SUPPLIES ORGANIZER	

SUBTOTAL of Disbursements This Page (optional)	969.68
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70315.E7874 Date of Disbursement MM / DD / YYYY 02 / 12 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 375.00
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL DUES Candidate Name	Category/Type	ANNUAL DUES
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. Capitol Hill Club		Transaction ID: 70406.E7943 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 648.80
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EVENT Candidate Name	Category/Type	FUNDRAISING EVENT
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. Capitol Hill Club		Transaction ID: 70406.E7951 Date of Disbursement MM / DD / YYYY 03 / 29 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 367.20
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EVENT Candidate Name	Category/Type	FUNDRAISING EVENT
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) ▶	1391.00
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Clanton Newspaper		Transaction ID: 70406.E7946 Date of Disbursement MM / DD / YYYY 03 / 15 / 2007
Mailing Address Dept 3157 P.O. Box 2153		Amount of Each Disbursement this Period 240.00
City Birmingham	State AL	
Zip Code 35287-0001		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ADVERTISEMENT	Category/ Type	
Candidate Name		ADVERTISEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Compass Bank		Transaction ID: 70406.E8132 Date of Disbursement MM / DD / YYYY 01 / 16 / 2007
Mailing Address PO Box 10566		Amount of Each Disbursement this Period 12.34
City Birmingham	State AL	
Zip Code 35296-0002		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SERVICE CHARGES	Category/ Type	
Candidate Name		SERVICE CHARGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Compass Bank		Transaction ID: 70406.E8060 Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
Mailing Address PO Box 10566		Amount of Each Disbursement this Period 500.00
City Birmingham	State AL	
Zip Code 35296-0002		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SAVINGS BONDS - ART CONTEST	Category/ Type	
Candidate Name		SAVINGS BONDS - ART CONTE- ST
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	752.34
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Compass Bank		Transaction ID: 70406.E8133 Date of Disbursement 02 / 15 / 2007
Mailing Address PO Box 10566		Amount of Each Disbursement this Period 12.00
City Birmingham State AL Zip Code 35296-0002	Purpose of Disbursement SERVICE CHARGES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVICE CHARGES
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. Compass Bank		Transaction ID: 70409.E8157 Date of Disbursement 03 / 15 / 2007
Mailing Address PO Box 10566		Amount of Each Disbursement this Period 13.92
City Birmingham State AL Zip Code 35296-0002	Purpose of Disbursement SERVICE CHARGES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVICE CHARGES
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. Congressional Club		Transaction ID: 70315.E7880 Date of Disbursement 03 / 02 / 2007
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20009-3414	Purpose of Disbursement FIRST LADYS LUNCHEON	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FIRST LADYS LUNCHEON
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) ▶	325.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Congressional Club		Transaction ID: 70315.E7878 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20009-3414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FIRST LADYS LUNCHEON	Candidate Name	FIRST LADYS LUNCHEON
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. Congressional Club		Transaction ID: 70315.E7879 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20009-3414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FIRST LADYS LUNCHEON	Candidate Name	FIRST LADYS LUNCHEON
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. Congressional Club		Transaction ID: 70406.E8079 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20009-3414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FIRST LADYS LUNCHEON	Candidate Name	FIRST LADYS LUNCHEON
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) ▶	1500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Randy Dempsey		Transaction ID: 70131.E7863 Date of Disbursement 01 / 31 / 2007
Mailing Address 1122 22nd St N		Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35234-2725	Purpose of Disbursement JAN POLITICAL CONSULTING AND OFFICE 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) ▼	JAN POLITICAL CONSULTING AND OFFICE

Full Name (Last, First, Middle Initial) B. Randy Dempsey		Transaction ID: 70406.E7966 Date of Disbursement 02 / 28 / 2007
Mailing Address 1122 22nd St N		Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35234-2725	Purpose of Disbursement FEB POLITICAL CONSULTING AND OFFICE 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) ▼	FEB POLITICAL CONSULTING AND OFFICE

Full Name (Last, First, Middle Initial) C. Randy Dempsey		Transaction ID: 70406.E7967 Date of Disbursement 03 / 30 / 2007
Mailing Address 1122 22nd St N		Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35234-2725	Purpose of Disbursement MARCH POLITICAL CONSULTING & OFFICE 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) ▼	MARCH POLITICAL CONSULTING & OFFICE

SUBTOTAL of Disbursements This Page (optional) ▶	8250.00
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)

<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Dept. of Industrial Relations		Transaction ID: 70131.E7861 Date of Disbursement 01 / 25 / 2007	
Mailing Address Unemployment Compensation		Amount of Each Disbursement this Period 16.50	
City Montgomery	State AL	Zip Code 36131-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 QUARTERLY TAXES
Purpose of Disbursement QUARTERLY TAXES		Category/ Type	
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. Internal Revenue Service		Transaction ID: 70131.E7862 Date of Disbursement 01 / 25 / 2007	
Mailing Address P.O. Box 660351		Amount of Each Disbursement this Period 112.00	
City Dallas	State TX	Zip Code 75266-0351	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ANNUAL FUTA TAXES
Purpose of Disbursement ANNUAL FUTA TAXES		Category/ Type	
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. Internal Revenue Service		Transaction ID: 70131.E7859 Date of Disbursement 01 / 25 / 2007	
Mailing Address P.O. Box 660351		Amount of Each Disbursement this Period 803.28	
City Dallas	State TX	Zip Code 75266-0351	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 QUARTERLY PAYROLL TAXES
Purpose of Disbursement QUARTERLY PAYROLL TAXES		Category/ Type	
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) ▶	931.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: 70406.E8080 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 660351		Amount of Each Disbursement this Period 13585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0351	Purpose of Disbursement 2006 TAXES 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) ▼	2006 TAXES

Full Name (Last, First, Middle Initial) B. Pearce, Bevill, Leesburg, Moore		Transaction ID: 70315.E7887 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 110 Office Park Drive, Suite 100		Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35223-2402	Purpose of Disbursement ACCOUNTING SERVICES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial) C. Potomac Riverboat Company		Transaction ID: 70315.E7876 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 205 The Strand		Amount of Each Disbursement this Period 7525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-3319	Purpose of Disbursement RENTAL FOR FUNRAISING EVENT 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) ▼	RENTAL FOR FUNRAISING EVENT

SUBTOTAL of Disbursements This Page (optional) ▶	22010.00
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)

<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. FIA Card Services		Transaction ID: 70123.E7723 Date of Disbursement 01 / 05 / 2007
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 5662.48
City Wilmington State DE Zip Code 19886-5710	<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) B. Pell City Steakhouse		Transaction ID: 70123.E7733 Date of Disbursement 12 / 01 / 2006
Mailing Address 2401 Comer Avenue		Amount of Each Disbursement this Period 23.26
City Pell City State AL Zip Code 35125-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL Candidate Name	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Fox & Hound		Transaction ID: 70123.E7734 Date of Disbursement 12 / 08 / 2006
Mailing Address 3425 Colonnade Parkway		Amount of Each Disbursement this Period 23.12
City Birmingham State AL Zip Code 35243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL Candidate Name	Category/Type	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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) ▶	5662.48
TOTAL This Period (last page this line number only) ▶

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. America On-line		Transaction ID: 70123.E7774 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 1017		Amount of Each Disbursement this Period 25.90
City Trumbull State CT Zip Code 06611-0956	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ONLINE SERVICES	Candidate Name	[MEMO ITEM] MEMO: ONLINE SERVICES
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. Amoco		Transaction ID: 70123.E7730 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address Hollywood Blvd		Amount of Each Disbursement this Period 36.45
City Homewood State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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. Amoco		Transaction ID: 70123.E7729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address Hollywood Blvd		Amount of Each Disbursement this Period 42.04
City Homewood State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. AmTrak		Transaction ID: 70123.E7776 Date of Disbursement 12 / 08 / 2006	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 90.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKET	

Full Name (Last, First, Middle Initial) B. AmTrak		Transaction ID: 70123.E7775 Date of Disbursement 12 / 06 / 2006	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 336.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKETS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKETS	

Full Name (Last, First, Middle Initial) C. Attic Plus		Transaction ID: 70123.E7738 Date of Disbursement 12 / 15 / 2006	
Mailing Address 2611 Pelham Parkway		Amount of Each Disbursement this Period 62.00	
City Pelham State AL Zip Code 35124-	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STORAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BP Oil Company		Transaction ID: 70123.E7760 Date of Disbursement MM / DD / YYYY 11 / 29 / 2006	
Mailing Address 4734 Highway 280 S		Amount of Each Disbursement this Period 15.04	
City Birmingham State AL Zip Code 35242-5148	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: GASOLINE	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 70123.E7771 Date of Disbursement MM / DD / YYYY 11 / 28 / 2006	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 141.19	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement TELEPHONE AND INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TELEPHONE AND INTER-NET	

Full Name (Last, First, Middle Initial) C. Bloom Flowers		Transaction ID: 70123.E7787 Date of Disbursement MM / DD / YYYY 12 / 18 / 2006	
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 76.85	
City Birmingham State AL Zip Code 35209-	Purpose of Disbursement CAMPAIGN FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN FLOWERS	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bright Star		Transaction ID: 70123.E7772 Date of Disbursement 11 / 28 / 2006	
Mailing Address 304 19th St N		Amount of Each Disbursement this Period 277.35	
City Bessemer State AL Zip Code 35020-4925	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Bright Star		Transaction ID: 70123.E7758 Date of Disbursement 12 / 15 / 2006	
Mailing Address 304 19th St N		Amount of Each Disbursement this Period 205.69	
City Bessemer State AL Zip Code 35020-4925	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Dales Southern Grill		Transaction ID: 70123.E7732 Date of Disbursement 11 / 30 / 2006	
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 51.64	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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

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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Enterprise Rent-a-car		Transaction ID: 70123.E7782 Date of Disbursement 12 / 13 / 2006
Mailing Address 5900 Messer Airport Hwy		Amount of Each Disbursement this Period 52.15
City Birmingham State AL Zip Code 35212-1057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENTAL CAR - BIRMINGHAM Candidate Name	Category/Type	[MEMO ITEM] MEMO: RENTAL CAR - BIRMINGHAM
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. Exxon		Transaction ID: 70123.E7781 Date of Disbursement 12 / 10 / 2006
Mailing Address 200 Massachusetts Ave NE		Amount of Each Disbursement this Period 34.44
City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE Candidate Name	Category/Type	[MEMO ITEM] MEMO: GASOLINE
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. Federal Express		Transaction ID: 70123.E7747 Date of Disbursement 12 / 06 / 2006
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 42.96
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	[MEMO ITEM] MEMO: SHIPPING
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) ▼	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70123.E7748 Date of Disbursement 12 / 07 / 2006	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 81.45	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) B. Fish Market Restaurant		Transaction ID: 70123.E7768 Date of Disbursement 11 / 20 / 2006	
Mailing Address 611 Richard Arrington Jr Blvd S		Amount of Each Disbursement this Period 23.01	
City Birmingham State AL Zip Code 35233-2103	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Fish Market Restaurant		Transaction ID: 70123.E7736 Date of Disbursement 12 / 14 / 2006	
Mailing Address 611 Richard Arrington Jr Blvd S		Amount of Each Disbursement this Period 48.05	
City Birmingham State AL Zip Code 35233-2103	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Foreign Car Painting and Body		Transaction ID: 70123.E7784 Date of Disbursement 12 / 13 / 2006	
Mailing Address 600 25th St S		Amount of Each Disbursement this Period 186.47	
City Birmingham State AL Zip Code 35233-3313	Purpose of Disbursement CAR REPAIR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAR REPAIR	

Full Name (Last, First, Middle Initial) B. Go Daddy		Transaction ID: 70123.E7731 Date of Disbursement 12 / 17 / 2006	
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 7.99	
City New York State NY Zip Code 10018-3011	Purpose of Disbursement WEBSITE CHARGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: WEBSITE CHARGES	

Full Name (Last, First, Middle Initial) C. Go Daddy		Transaction ID: 70123.E7724 Date of Disbursement 12 / 04 / 2006	
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 9.95	
City New York State NY Zip Code 10018-3011	Purpose of Disbursement WEBSITE CHARGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: WEBSITE CHARGES	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Godiva		Transaction ID: 70123.E7761 Date of Disbursement 12 / 04 / 2006	
Mailing Address Galleria Hwy 31		Amount of Each Disbursement this Period 26.00	
City Birmingham	State AL	Zip Code 35244-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN HOLIDAY GIFTS		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: CAMPAIGN HOLIDAY GIFTS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Godiva		Transaction ID: 70123.E7762 Date of Disbursement 12 / 14 / 2006	
Mailing Address Galleria Hwy 31		Amount of Each Disbursement this Period 340.08	
City Birmingham	State AL	Zip Code 35244-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN HOLIDAY GIFTS		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: CAMPAIGN HOLIDAY GIFTS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Johnnys Half Shell		Transaction ID: 70123.E7751 Date of Disbursement 12 / 04 / 2006	
Mailing Address 400 N. Capitol Street NW		Amount of Each Disbursement this Period 603.36	
City Washington	State DC	Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
Candidate Name		<input type="checkbox"/> MEMO ITEM MEMO: CAMPAIGN MEAL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. The Lodge At Vail		Transaction ID: 70123.E7785 Date of Disbursement 12 / 15 / 2006
Mailing Address 174 East Core Creek Drive		Amount of Each Disbursement this Period 1416.42
City Vail State CO Zip Code 81657-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
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. UPS Store		Transaction ID: 70123.E7766 Date of Disbursement 12 / 15 / 2006
Mailing Address Hwy 31		Amount of Each Disbursement this Period 74.58
City Vestavia Hills State AL Zip Code 25216-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	[MEMO ITEM] MEMO: SHIPPING
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. NIKIS West Steak and Sea		Transaction ID: 70123.E7749 Date of Disbursement 11 / 28 / 2006
Mailing Address 233 Finley Ave W		Amount of Each Disbursement this Period 43.03
City Birmingham State AL Zip Code 35204-1074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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) ▼	

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 70123.E7745 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6	
Mailing Address 7001 Crestwood Blvd		Amount of Each Disbursement this Period 20.70	
City Birmingham State AL Zip Code 35210-2332	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[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) B. Office Max		Transaction ID: 70123.E7746 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 259 Lakeshore Pkwy		Amount of Each Disbursement this Period 23.67	
City Birmingham State AL Zip Code 35209-7109	Purpose of Disbursement OFFICE SUPPLIES AND PAPER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES AND PAPER	
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. House of Representatives		Transaction ID: 70123.E7753 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address Us Capitol		Amount of Each Disbursement this Period 91.95	
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement CONSTITUENT MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: CONSTITUENT MEAL	
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) ▼		

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Shell		Transaction ID: 70123.E7728 Date of Disbursement 11 / 28 / 2006	
Mailing Address Acton Road		Amount of Each Disbursement this Period 10.57	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: GASOLINE	

Full Name (Last, First, Middle Initial) B. Shell		Transaction ID: 70123.E7726 Date of Disbursement 11 / 22 / 2006	
Mailing Address Acton Road		Amount of Each Disbursement this Period 32.10	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: GASOLINE	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: 70123.E7786 Date of Disbursement 12 / 18 / 2006	
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 512.20	
City Dallas State TX Zip Code 75235-1611	Purpose of Disbursement AIRLINE TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: AIRLINE TRAVEL	

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

<p>A. Tortilla Coast</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 First Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CAMPAIGN MEAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70123.E7752</p> <p>Date of Disbursement 12 / 07 / 2006</p> <p>Amount of Each Disbursement this Period 180.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN MEAL</p>
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<p>B. Trattoria Alberto</p> <p>Full Name (Last, First, Middle Initial) Trattoria Alberto</p> <p>Mailing Address 506 8th Street SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CAMPAIGN MEAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70123.E7757</p> <p>Date of Disbursement 12 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 55.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CAMPAIGN MEAL</p>
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<p>C. USPS</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address U.S. Post Office</p> <p>City Birmingham State AL Zip Code 35213-</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70123.E7741</p> <p>Date of Disbursement 12 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 32.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: POSTAGE</p>
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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70123.E7755 Date of Disbursement 12 / 12 / 2006	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 5.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70123.E7742 Date of Disbursement 12 / 14 / 2006	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 14.92	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 70123.E7739 Date of Disbursement 11 / 21 / 2006	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STAMPS	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70123.E7743 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 14.34	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70123.E7740 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 2.55	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 70123.E7754 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STAMPS	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70123.E7744 Date of Disbursement 12 / 19 / 2006	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 13.67	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70123.E7756 Date of Disbursement 12 / 20 / 2006	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 1.98	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. Village Tavern		Transaction ID: 70123.E7773 Date of Disbursement 12 / 01 / 2006	
Mailing Address Summit Boulevard		Amount of Each Disbursement this Period 34.80	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Village Tavern		Transaction ID: 70123.E7750 Date of Disbursement 11 / 29 / 2006	
Mailing Address Summit Boulevard		Amount of Each Disbursement this Period 107.55	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. FIA Card Services		Transaction ID: 70406.E7888 Date of Disbursement 02 / 09 / 2007	
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 9520.63	
City Wilmington State DE Zip Code 19886-5710	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) C. Fox & Hound		Transaction ID: 70406.E7893 Date of Disbursement 12 / 20 / 2006	
Mailing Address 3425 Colonnade Parkway		Amount of Each Disbursement this Period 35.90	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

SUBTOTAL of Disbursements This Page (optional) ▶	9520.63
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. America On-line		Transaction ID: 70406.E7930 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7
Mailing Address PO Box 1017		Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Trumbull State CT Zip Code 06611-0956	Category/Type	
Purpose of Disbursement ONLINES SERVICES		[MEMO ITEM] MEMO: ONLINES 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) ▼	

Full Name (Last, First, Middle Initial) B. Amoco		Transaction ID: 70406.E7897 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Hollywood Blvd		Amount of Each Disbursement this Period 38.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Homewood State AL Zip Code 35209-	Category/Type	
Purpose of Disbursement GASOLINE		[MEMO ITEM] MEMO: GASOLINE
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. AmTrak		Transaction ID: 70406.E7986 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-4285	Category/Type	
Purpose of Disbursement TRAIN TICKET		[MEMO ITEM] MEMO: TRAIN TICKET
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) ▶	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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. AmTrak		Transaction ID: 70406.E7910 Date of Disbursement 01 / 10 / 2007	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 16.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKET	

Full Name (Last, First, Middle Initial) B. AmTrak		Transaction ID: 70406.E7909 Date of Disbursement 01 / 10 / 2007	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 16.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKET	

Full Name (Last, First, Middle Initial) C. Attic Plus		Transaction ID: 70406.E7899 Date of Disbursement 01 / 13 / 2007	
Mailing Address 2611 Pelham Parkway		Amount of Each Disbursement this Period 62.00	
City Pelham State AL Zip Code 35124-	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STORAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70406.E7940 Date of Disbursement 01 / 19 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 129.78	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement TELEPHONE AND INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TELEPHONE AND INTERNET	

Full Name (Last, First, Middle Initial) B. BellSouth		Transaction ID: 70406.E7919 Date of Disbursement 12 / 27 / 2006	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 146.30	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement TELEPHONE AND INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TELEPHONE AND INTERNET	

Full Name (Last, First, Middle Initial) C. Bistro Italiano		Transaction ID: 70406.E7988 Date of Disbursement 01 / 09 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 130.24	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bistro Italiano		Transaction ID: 70406.E7984 Date of Disbursement 01 / 04 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 70.15	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Bistro Italiano		Transaction ID: 70406.E7994 Date of Disbursement 01 / 17 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 47.65	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Bloom Flowers		Transaction ID: 70406.E7935 Date of Disbursement 01 / 11 / 2007	
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 100.83	
City Birmingham State AL Zip Code 35209-	Purpose of Disbursement CAMPAIGN FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN FLOWERS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bloom Flowers		Transaction ID: 70406.E7928 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 100.83
City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Bright Star		Transaction ID: 70406.E7938 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 304 19th St N		Amount of Each Disbursement this Period 60.90
City Bessemer State AL Zip Code 35020-4925	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Bromberg & Company		Transaction ID: 70406.E7907 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 2800 Cahaba Rd		Amount of Each Disbursement this Period 76.30
City Birmingham State AL Zip Code 35223-2306	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN GIFT	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN GIFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70406.E7995 Date of Disbursement 01 / 17 / 2007
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 19.47
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Congressional Institute		Transaction ID: 70406.E7926 Date of Disbursement 01 / 03 / 2007
Mailing Address 316 Pennsylvania Ave SE Suite 403		Amount of Each Disbursement this Period 1556.00
City Washington State DC Zip Code 20003-1181	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOUSE PLANNING RETREAT	Candidate Name	[MEMO ITEM] MEMO: HOUSE PLANNING RETREAT
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. Cracker Barrel		Transaction ID: 70406.E7937 Date of Disbursement 01 / 13 / 2007
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 26.83
City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Cracker Barrel		Transaction ID: 70406.E7920 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 27.53	
City Lebanon	State TN	Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
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. Dales Southern Grill		Transaction ID: 70406.E7996 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7	
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 41.81	
City Birmingham	State AL	Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
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. Dales Southern Grill		Transaction ID: 70406.E7895 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 6	
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 50.11	
City Birmingham	State AL	Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
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) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Dales Southern Grill		Transaction ID: 70406.E7918 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 64.00
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Express Oil Change		Transaction ID: 70406.E7917 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 190 West Valley Avenue		Amount of Each Disbursement this Period 44.56
City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CAR SERVICE	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN CAR SERVICE
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. Exxon		Transaction ID: 70406.E7923 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 200 Massachusetts Ave NE		Amount of Each Disbursement this Period 17.99
City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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) ▼	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

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 SHIPPING 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) ▼ Category/Type	Transaction ID: 70406.E7901 Date of Disbursement 12 / 24 / 2006 Amount of Each Disbursement this Period 66.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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B. Fish Market Restaurant Full Name (Last, First, Middle Initial) Mailing Address 611 Richard Arrington Jr Blvd S City Birmingham State AL Zip Code 35233-2103 Purpose of Disbursement CAMPAIGN MEAL 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) ▼ Category/Type	Transaction ID: 70406.E7891 Date of Disbursement 12 / 19 / 2006 Amount of Each Disbursement this Period 42.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN MEAL
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C. Go Daddy Full Name (Last, First, Middle Initial) Mailing Address 575 8th Ave City New York State NY Zip Code 10018-3011 Purpose of Disbursement WEBSITE CHARGES 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) ▼ Category/Type	Transaction ID: 70406.E7900 Date of Disbursement 01 / 17 / 2007 Amount of Each Disbursement this Period 7.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: WEBSITE CHARGES
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Go Daddy		Transaction ID: 70406.E7889 Date of Disbursement 01 / 02 / 2007	
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 9.95	
City New York State NY Zip Code 10018-3011	Purpose of Disbursement WEBSITE CHARGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: WEBSITE CHARGES	

Full Name (Last, First, Middle Initial) B. Hertz Rental Car Corporation		Transaction ID: 70406.E7934 Date of Disbursement 01 / 11 / 2007	
Mailing Address PO Box 268920		Amount of Each Disbursement this Period 306.21	
City Oklahoma City State OK Zip Code 73126-8920	Purpose of Disbursement CAR RENTAL - WASHINGTON DC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAR RENTAL - WASHINGTON DC	

Full Name (Last, First, Middle Initial) C. Hertz Rental Car Corporation		Transaction ID: 70406.E7933 Date of Disbursement 01 / 08 / 2007	
Mailing Address PO Box 268920		Amount of Each Disbursement this Period 267.58	
City Oklahoma City State OK Zip Code 73126-8920	Purpose of Disbursement CAR RENTAL - EAGLE CO	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAR RENTAL - EAGLE CO	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Hilton Hotels		Transaction ID: 70406.E7914 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 16th and K Street NW		Amount of Each Disbursement this Period 270.22	
City Washington State DC Zip Code 20036-	Purpose of Disbursement CAMPAIGN LODGING 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:		[MEMO ITEM] MEMO: CAMPAIGN LODGING	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. International Foundation		Transaction ID: 70406.E7939 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address PO Box 23813		Amount of Each Disbursement this Period 900.00	
City Washington State DC Zip Code 20026-3813	Purpose of Disbursement NATIONAL PRAYER BREAKFAST CONTRIBUT 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:		[MEMO ITEM] MEMO: NATIONAL PRAYER BREAKFAST CONTRIBUT	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. The Lodge At Vail		Transaction ID: 70406.E7981 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 174 East Core Creek Drive		Amount of Each Disbursement this Period 101.81	
City Vail State CO Zip Code 81657-	Purpose of Disbursement CAMPAIGN MEAL 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:		[MEMO ITEM] MEMO: CAMPAIGN MEAL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. UPS Store		Transaction ID: 70406.E7904 Date of Disbursement 12 / 21 / 2006	
Mailing Address Hwy 31		Amount of Each Disbursement this Period 12.28	
City Vestavia Hills State AL Zip Code 25216-	Purpose of Disbursement SHIPPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: SHIPPING	

Full Name (Last, First, Middle Initial) B. NIKIS West Steak and Sea		Transaction ID: 70406.E7915 Date of Disbursement 12 / 21 / 2006	
Mailing Address 233 Finley Ave W		Amount of Each Disbursement this Period 35.85	
City Birmingham State AL Zip Code 35204-1074	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70406.E7902 Date of Disbursement 01 / 08 / 2007	
Mailing Address 7001 Crestwood Blvd		Amount of Each Disbursement this Period 10.89	
City Birmingham State AL Zip Code 35210-2332	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: 70406.E7906 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6
Mailing Address 259 Lakeshore Pkwy		Amount of Each Disbursement this Period 13.59
City Birmingham State AL Zip Code 35209-7109	<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	[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) B. House of Representatives		Transaction ID: 70406.E7927 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address Us Capitol		Amount of Each Disbursement this Period 33.90
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT MEAL Candidate Name	Category/Type	[MEMO ITEM] MEMO: CONSTITUENT MEAL
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. SAFECO		Transaction ID: 70406.E7936 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address Safeco Plz		Amount of Each Disbursement this Period 373.70
City Seattle State WA Zip Code 98185-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR INSURANSE Candidate Name	Category/Type	[MEMO ITEM] MEMO: CAR INSURANSE
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) ▼	

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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Shell		Transaction ID: 70406.E7894 Date of Disbursement 12 / 20 / 2006	
Mailing Address Acton Road		Amount of Each Disbursement this Period 28.09	
City Birmingham	State AL	Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GASOLINE		Category/ Type	
Candidate Name		<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: GASOLINE		

Full Name (Last, First, Middle Initial) B. Smokehouse Restaurant		Transaction ID: 70406.E7892 Date of Disbursement 12 / 20 / 2006	
Mailing Address 348 Finley Avenue		Amount of Each Disbursement this Period 27.50	
City Birmingham	State AL	Zip Code 35204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
Candidate Name		<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CAMPAIGN MEAL		

Full Name (Last, First, Middle Initial) C. Sonoma		Transaction ID: 70406.E7993 Date of Disbursement 01 / 12 / 2007	
Mailing Address 223 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 13.20	
City Washington	State DC	Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN MEAL		Category/ Type	
Candidate Name		<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	[MEMO ITEM] MEMO: CAMPAIGN MEAL		

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: 70406.E7991 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 191.40
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
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. Southwest Airlines		Transaction ID: 70406.E7912 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 136.90
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
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. Southwest Airlines		Transaction ID: 70406.E7911 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 191.40
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Toucans		Transaction ID: 70406.E7925 Date of Disbursement 01 / 01 / 2007	
Mailing Address 812 Hwy 98		Amount of Each Disbursement this Period 43.49	
City Mexico Beach State FL Zip Code 32410-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Toucans		Transaction ID: 70406.E7922 Date of Disbursement 12 / 30 / 2006	
Mailing Address 812 Hwy 98		Amount of Each Disbursement this Period 88.28	
City Mexico Beach State FL Zip Code 32410-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Trattoria Alberto		Transaction ID: 70406.E7989 Date of Disbursement 01 / 10 / 2007	
Mailing Address 506 8th Street SE		Amount of Each Disbursement this Period 96.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70406.E7903 Date of Disbursement 12 / 27 / 2006
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 4.20
City Birmingham State AL Zip Code 35213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	[MEMO ITEM] MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 70406.E7976 Date of Disbursement 12 / 19 / 2006
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 1175.11
City Amf Ohare State IL Zip Code 60666-0100	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL	Candidate Name	[MEMO ITEM] MEMO: AIRLINE TRAVEL
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. FIA Card Services		Transaction ID: 70406.E8002 Date of Disbursement 03 / 08 / 2007
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 6590.35
City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	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) ▶	6590.35
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Fox & Hound		Transaction ID: 70406.E8046 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 3425 Colonnade Parkway		Amount of Each Disbursement this Period 76.40	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Fox & Hound		Transaction ID: 70406.E8041 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 3425 Colonnade Parkway		Amount of Each Disbursement this Period 23.00	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. 701 Restaurant		Transaction ID: 70406.E8016 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 701 Pennsylvania Ave NW		Amount of Each Disbursement this Period 893.16	
City Washington State DC Zip Code 20004-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. CCC Conferences		Transaction ID: 70406.E8131 Date of Disbursement 02 / 09 / 2007
Mailing Address Christian Embassy Washington Escap 2000 14th Street N, Suite 730		Amount of Each Disbursement this Period 240.00
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE REGISTRATION FEE	Candidate Name	[MEMO ITEM] MEMO: CONFERENCE REGISTRATION 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. Alabama Republican Party		Transaction ID: 70406.E8058 Date of Disbursement 02 / 13 / 2007
Mailing Address PO Box 361784		Amount of Each Disbursement this Period 180.00
City Birmingham State AL Zip Code 35236-1784	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WINTER DINNER	Candidate Name	[MEMO ITEM] MEMO: WINTER DINNER
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. Amoco		Transaction ID: 70406.E8047 Date of Disbursement 02 / 03 / 2007
Mailing Address Hollywood Blvd		Amount of Each Disbursement this Period 34.07
City Homewood State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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) ▼	

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. AmTrak		Transaction ID: 70406.E8036 Date of Disbursement 02 / 08 / 2007	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 32.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKET	

Full Name (Last, First, Middle Initial) B. Attic Plus		Transaction ID: 70406.E8055 Date of Disbursement 02 / 13 / 2007	
Mailing Address 2611 Pelham Parkway		Amount of Each Disbursement this Period 62.00	
City Pelham State AL Zip Code 35124-	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STORAGE	

Full Name (Last, First, Middle Initial) C. BLT Steak DC		Transaction ID: 70406.E8010 Date of Disbursement 01 / 22 / 2007	
Mailing Address 1625 I Street NW		Amount of Each Disbursement this Period 432.80	
City Washington State DC Zip Code 20005-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BP Oil Company		Transaction ID: 70406.E8057 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 7
Mailing Address 4734 Highway 280 S		Amount of Each Disbursement this Period 36.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35242-5148	Purpose of Disbursement GASOLINE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GASOLINE

Full Name (Last, First, Middle Initial) B. Bistro Italiano		Transaction ID: 70406.E8009 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 90.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL

Full Name (Last, First, Middle Initial) C. Bistro Italiano		Transaction ID: 70406.E8031 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 78.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL

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<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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bistro Italiano		Transaction ID: 70406.E8017 Date of Disbursement MM / DD / YYYY 02 / 07 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 47.65	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Bistro Italiano		Transaction ID: 70406.E8013 Date of Disbursement MM / DD / YYYY 01 / 30 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 110.07	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Bloom Flowers		Transaction ID: 70406.E8006 Date of Disbursement MM / DD / YYYY 02 / 08 / 2007	
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 103.01	
City Birmingham State AL Zip Code 35209-	Purpose of Disbursement CAMPAIGN FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN FLOWERS	

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bloom Flowers		Transaction ID: 70406.E8008 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 65.95
City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN FLOWERS	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN FLOWERS
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. Bright Star		Transaction ID: 70406.E8004 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 304 19th St N		Amount of Each Disbursement this Period 49.37
City Bessemer State AL Zip Code 35020-4925	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Bromberg & Company		Transaction ID: 70406.E8030 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 7
Mailing Address 2800 Cahaba Rd		Amount of Each Disbursement this Period 136.25
City Birmingham State AL Zip Code 35223-2306	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN GIFT	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN GIFT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Chevron		Transaction ID: 70406.E8051 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 2188 Highland Ave S		Amount of Each Disbursement this Period 47.65
City Birmingham State AL Zip Code 35205-4002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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. Cracker Barrel		Transaction ID: 70406.E8007 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 7
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 23.14
City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Cracker Barrel		Transaction ID: 70406.E8048 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 27.73
City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. DC Coast		Transaction ID: 70406.E8020 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 1401 K Street NW		Amount of Each Disbursement this Period 574.85	
City Washington State DC Zip Code 20005-	Purpose of Disbursement CAMPAIGN MEAL 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: CAMPAIGN MEAL	
State: District:			

Full Name (Last, First, Middle Initial) B. Dales Southern Grill		Transaction ID: 70406.E8018 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 94.42	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement CAMPAIGN MEAL 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: CAMPAIGN MEAL	
State: District:			

Full Name (Last, First, Middle Initial) C. Dales Southern Grill		Transaction ID: 70406.E8043 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 7	
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 66.68	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement CAMPAIGN MEAL 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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: CAMPAIGN MEAL	
State: District:			

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Embassy Suites Hotel		Transaction ID: 70406.E8052 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 7
Mailing Address 300 Tallapoosa St		Amount of Each Disbursement this Period 581.88
City Montgomery State AL Zip Code 36104-2552	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	[MEMO ITEM] MEMO: LODGING
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. Exxon		Transaction ID: 70406.E8011 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 200 Massachusetts Ave NE		Amount of Each Disbursement this Period 33.53
City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
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. Federal Express		Transaction ID: 70406.E8021 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 13.45
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	[MEMO ITEM] MEMO: SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Go Daddy		Transaction ID: 70406.E8038 Date of Disbursement MM / DD / YYYY 02 / 02 / 2007
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 9.95
City New York State NY Zip Code 10018-3011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE CHARGES	Candidate Name	[MEMO ITEM] MEMO: WEBSITE CHARGES
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. Go Daddy		Transaction ID: 70406.E8056 Date of Disbursement MM / DD / YYYY 02 / 17 / 2007
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 7.99
City New York State NY Zip Code 10018-3011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE CHARGES	Candidate Name	[MEMO ITEM] MEMO: WEBSITE CHARGES
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. Hyatt Hotels		Transaction ID: 70406.E8012 Date of Disbursement MM / DD / YYYY 01 / 26 / 2007
Mailing Address Hyatt Center 71 S. Wacker		Amount of Each Disbursement this Period 17.00
City Chicago State IL Zip Code 60606-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL - CHESAPEAKE	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL - CHESAPEAKE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. NIKIS West Steak and Sea		Transaction ID: 70406.E8050 Date of Disbursement 02 / 09 / 2007	
Mailing Address 233 Finley Ave W		Amount of Each Disbursement this Period 33.89	
City Birmingham State AL Zip Code 35204-1074	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 70406.E8034 Date of Disbursement 02 / 11 / 2007	
Mailing Address 130 A Green Springs Hwy.		Amount of Each Disbursement this Period 18.53	
City Birmingham State AL Zip Code 35209-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70406.E8033 Date of Disbursement 02 / 05 / 2007	
Mailing Address 130 A Green Springs Hwy.		Amount of Each Disbursement this Period 16.55	
City Birmingham State AL Zip Code 35209-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[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**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 70406.E8024 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 7001 Crestwood Blvd		Amount of Each Disbursement this Period 9.73
City Birmingham State AL Zip Code 35210-2332	<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	[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) B. FIA Card Services		Transaction ID: 70406.E8049 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 39.00
City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OVER CREDIT LINE FEE Candidate Name	Category/Type	[MEMO ITEM] MEMO: OVER CREDIT LINE 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. House of Representatives		Transaction ID: 70406.E8005 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address Us Capitol		Amount of Each Disbursement this Period 90.40
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSTITUENT MEAL Candidate Name	Category/Type	[MEMO ITEM] MEMO: CONSTITUENT MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. House of Representatives		Transaction ID: 70406.E8014 Date of Disbursement 01 / 31 / 2007	
Mailing Address Us Capitol		Amount of Each Disbursement this Period 59.85	
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement CONSTITUENT MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CONSTITUENT MEAL	

Full Name (Last, First, Middle Initial) B. Rocky Ridge Shell		Transaction ID: 70406.E8045 Date of Disbursement 01 / 26 / 2007	
Mailing Address 2505 Rocky Ridge Road		Amount of Each Disbursement this Period 721.09	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN CAR REPAIR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN CAR REPAIR	

Full Name (Last, First, Middle Initial) C. Shell		Transaction ID: 70406.E8044 Date of Disbursement 01 / 27 / 2007	
Mailing Address Acton Road		Amount of Each Disbursement this Period 38.30	
City Birmingham State AL Zip Code 35242-	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: GASOLINE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: 70406.E8028 Date of Disbursement MM / DD / YYYY 02 / 02 / 2007
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 55.50
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
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. Southwest Airlines		Transaction ID: 70406.E8027 Date of Disbursement MM / DD / YYYY 01 / 26 / 2007
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 136.90
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
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. Southwest Airlines		Transaction ID: 70406.E8029 Date of Disbursement MM / DD / YYYY 02 / 09 / 2007
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 191.40
City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRLINE TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: AIRLINE TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 70406.E8023 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address 4614 Highway 280		Amount of Each Disbursement this Period 280.11	
City Birmingham State AL Zip Code 35228-3005	Purpose of Disbursement PRINTER TONER		
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) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		[MEMO ITEM] MEMO: PRINTER TONER	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70406.E8022 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS		
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) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		[MEMO ITEM] MEMO: STAMPS	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 70406.E8037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS		
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) ▼ Category/Type		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		[MEMO ITEM] MEMO: STAMPS	

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

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Vestavia Hills Chamber Of Commerce		Transaction ID: 70406.E8059 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address PO Box 660793		Amount of Each Disbursement this Period 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35266-0793	Purpose of Disbursement MAYORS PRAYER BREAKFAST Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MAYORS PRAYER BREAKFAST

Full Name (Last, First, Middle Initial) B. FIA Card Services		Transaction ID: 70406.E7958 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 4466.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	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) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) C. Mitchell Mazda Lincoln Mercury		Transaction ID: 70406.E8122 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 1222 Rucker Blvd		Amount of Each Disbursement this Period 113.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Enterprise State AL Zip Code 36330-	Purpose of Disbursement CAMPAIGN CAR REPAIR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN CAR REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶	4466.27
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. AmTrak		Transaction ID: 70406.E8128 Date of Disbursement 03 / 15 / 2007	
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 298.00	
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement TRAIN TICKET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TRAIN TICKET	

Full Name (Last, First, Middle Initial) B. Attic Plus		Transaction ID: 70406.E8092 Date of Disbursement 03 / 13 / 2007	
Mailing Address 2611 Pelham Parkway		Amount of Each Disbursement this Period 62.00	
City Pelham State AL Zip Code 35124-	Purpose of Disbursement STORAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: STORAGE	

Full Name (Last, First, Middle Initial) C. B Smiths Restaurant		Transaction ID: 70406.E8113 Date of Disbursement 03 / 13 / 2007	
Mailing Address 50 Massachusetts Avenue		Amount of Each Disbursement this Period 223.46	
City Washington State DC Zip Code 20002-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. BellSouth		Transaction ID: 70406.E8123 Date of Disbursement 02 / 28 / 2007	
Mailing Address PO Box 1313		Amount of Each Disbursement this Period 123.58	
City Birmingham State AL Zip Code 35299-0002	Purpose of Disbursement TELEPHONE AND INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: TELEPHONE AND INTERNET	

Full Name (Last, First, Middle Initial) B. Bistro Italiano		Transaction ID: 70406.E8106 Date of Disbursement 02 / 28 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 76.07	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) C. Bistro Italiano		Transaction ID: 70406.E8107 Date of Disbursement 03 / 07 / 2007	
Mailing Address 320 D St NE		Amount of Each Disbursement this Period 75.80	
City Washington State DC Zip Code 20002-5722	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

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)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Bloom Flowers		Transaction ID: 70406.E8117 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 2518 18th Street S		Amount of Each Disbursement this Period 65.95
City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN FLOWERS	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN FLOWERS
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. Capitol Hill Club		Transaction ID: 70406.E8111 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 11.68
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Chevron		Transaction ID: 70406.E8084 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 2188 Highland Ave S		Amount of Each Disbursement this Period 35.14
City Birmingham State AL Zip Code 35205-4002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GASOLINE	Candidate Name	[MEMO ITEM] MEMO: GASOLINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Cracker Barrel		Transaction ID: 70406.E8125 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 7
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 40.65
City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Cracker Barrel		Transaction ID: 70406.E8124 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 7
Mailing Address Post Office Box 787		Amount of Each Disbursement this Period 68.93
City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Dales Southern Grill		Transaction ID: 70406.E8086 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 25.00
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Dales Southern Grill		Transaction ID: 70406.E8085 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 48.69
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Dales Southern Grill		Transaction ID: 70406.E8119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 28.27
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Dales Southern Grill		Transaction ID: 70406.E8103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 63.45
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Dales Southern Grill		Transaction ID: 70406.E8120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 74.32
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Dales Southern Grill		Transaction ID: 70406.E8105 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 52.28
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
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. Dales Southern Grill		Transaction ID: 70406.E8104 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 1843 Montgomery Hwy		Amount of Each Disbursement this Period 43.34
City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN MEAL	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70406.E8096 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 16.75
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	[MEMO ITEM] MEMO: SHIPPING
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. Go Daddy		Transaction ID: 70406.E8100 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 9.95
City New York State NY Zip Code 10018-3011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE CHARGES Candidate Name	Category/Type	[MEMO ITEM] MEMO: WEBSITE CHARGES
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. Go Daddy		Transaction ID: 70406.E8093 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 7
Mailing Address 575 8th Ave		Amount of Each Disbursement this Period 7.99
City New York State NY Zip Code 10018-3011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE CHARGES Candidate Name	Category/Type	[MEMO ITEM] MEMO: WEBSITE CHARGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Travis Hulsey, Director		Transaction ID: 70406.E8097 Date of Disbursement 03 / 02 / 2007	
Mailing Address PO Box 11088		Amount of Each Disbursement this Period 319.52	
City Birmingham State AL Zip Code 35202-1088	Purpose of Disbursement CAMPAIGN CAR TAG	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN CAR TAG	

Full Name (Last, First, Middle Initial) B. Hyatt Hotels		Transaction ID: 70406.E8090 Date of Disbursement 03 / 07 / 2007	
Mailing Address Hyatt Center 71 S. Wacker		Amount of Each Disbursement this Period 64.16	
City Chicago State IL Zip Code 60606-	Purpose of Disbursement LODGING - WASHINGTON DC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: LODGING - WASHINGTON DC	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70406.E8099 Date of Disbursement 03 / 09 / 2007	
Mailing Address 7001 Crestwood Blvd		Amount of Each Disbursement this Period 22.43	
City Birmingham State AL Zip Code 35210-2332	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[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

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. House of Representatives		Transaction ID: 70406.E8112 Date of Disbursement 03 / 15 / 2007
Mailing Address Us Capitol		Amount of Each Disbursement this Period 28.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement CAMPAIGN MEAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: 70406.E8101 Date of Disbursement 03 / 05 / 2007
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 192.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235-1611	Purpose of Disbursement AIRLINE TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRLINE TRAVEL

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: 70406.E8127 Date of Disbursement 03 / 14 / 2007
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 228.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235-1611	Purpose of Disbursement AIRLINE TRAVEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRLINE TRAVEL

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)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Trattoria Alberto		Transaction ID: 70406.E8087 Date of Disbursement 03 / 05 / 2007	
Mailing Address 506 8th Street SE		Amount of Each Disbursement this Period 1040.90	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CAMPAIGN MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70406.E8098 Date of Disbursement 03 / 15 / 2007	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 3.16	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 70406.E8095 Date of Disbursement 02 / 27 / 2007	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 7.49	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	[MEMO ITEM] MEMO: POSTAGE	

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)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 70406.E8109 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: STAMPS

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 70406.E8094 Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address U.S. Post Office		Amount of Each Disbursement this Period 39.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement STAMPS Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: STAMPS

Full Name (Last, First, Middle Initial) C. Village Tavern		Transaction ID: 70406.E8083 Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2007	
Mailing Address Summit Boulevard		Amount of Each Disbursement this Period 158.20	
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: CAMPAIGN MEAL

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)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Village Tavern		Transaction ID: 70406.E8115 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address Summit Boulevard		Amount of Each Disbursement this Period 55.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35243-	Purpose of Disbursement CAMPAIGN MEAL 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) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEAL

Full Name (Last, First, Middle Initial) B. Ms. Michele Reisner		Transaction ID: 70131.E7865 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 831 Linwood Court		Amount of Each Disbursement this Period 1581.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35222-	Purpose of Disbursement JANUARY SALARY 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) ▼	JANUARY SALARY

Full Name (Last, First, Middle Initial) C. Ms. Michele Reisner		Transaction ID: 70406.E7971 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 831 Linwood Court		Amount of Each Disbursement this Period 1581.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35222-	Purpose of Disbursement FEBRUARY SALARY 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) ▼	FEBRUARY SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	3162.24
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Michele Reisner		Transaction ID: 70406.E7972 Date of Disbursement 03 / 30 / 2007
Mailing Address 831 Linwood Court		Amount of Each Disbursement this Period 1581.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35222-	Purpose of Disbursement MARCH SALARY 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) ▼	MARCH SALARY

Full Name (Last, First, Middle Initial) B. State of Alabama		Transaction ID: 70131.E7860 Date of Disbursement 01 / 25 / 2007
Mailing Address PO Box 232		Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35201-0232	Purpose of Disbursement STATE TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STATE TAXES

Full Name (Last, First, Middle Initial) C. State of Alabama		Transaction ID: 70406.E8082 Date of Disbursement 03 / 15 / 2007
Mailing Address PO Box 232		Amount of Each Disbursement this Period 4260.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35201-0232	Purpose of Disbursement 2006 TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	5946.87
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70123.E7716 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 433.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20914-4009	Purpose of Disbursement CELL PHONES 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) ▼	CELL PHONES

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70315.E7873 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 435.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20914-4009	Purpose of Disbursement CELLULAR PHONES 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) ▼	CELLULAR PHONES

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70406.E7944 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 4009		Amount of Each Disbursement this Period 448.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Silver Spring State MD Zip Code 20914-4009	Purpose of Disbursement CELL PHONES 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) ▼	CELL PHONES

SUBTOTAL of Disbursements This Page (optional) ▶	1317.19
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)
Bachus for Congress Committee

A. Full Name (Last, First, Middle Initial)
Vestavia Hills Chamber Of Commerce

Mailing Address PO Box 660793

City Birmingham State AL Zip Code 35266-0793

Purpose of Disbursement
ANNUAL DUES
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 70406.E7945
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		1	5		2	0	0	7

Amount of Each Disbursement this Period

100.00

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

ANNUAL DUES

B. Full Name (Last, First, Middle Initial)
Workshops Inc.

Mailing Address 4244 3rd Avenue South

City Birmingham State AL Zip Code 35222-

Purpose of Disbursement
LABELS
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 70131.E7858
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	1		2	5		2	0	0	7

Amount of Each Disbursement this Period

50.00

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

LABELS

SUBTOTAL of Disbursements This Page (optional) ►

150.00

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

125214.01

**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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Leadership Vestavia Hills		Transaction ID: 70406.E8061 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 3288 Morgan Dr		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 Birmingham State AL Zip Code 35216-3083	Purpose of Disbursement AMBASSADOR LEVEL CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Legion		Transaction ID: 70406.E8075 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 120 N Jackson Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Montgomery State AL Zip Code 36104-	Purpose of Disbursement FAMILIES OF FALLEN HEROES CTBN Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. American Cancer Society		Transaction ID: 70406.E7962 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 1100 Ireland Way		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Birmingham State AL Zip Code 35205-7004	Purpose of Disbursement VESTAVIA HILLS HS RELAY FOR LIFE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. American Heart Association of NE PA		Transaction ID: 70406.E7961 Date of Disbursement 03 / 30 / 2007
Mailing Address 71 North Franklin Street		Amount of Each Disbursement this Period 300.00
City Wilkes Barre	State PA Zip Code 18701-	
Purpose of Disbursement CTBN IN HONOR OF REP. P. KANJORSKI		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 70412.E8163 Date of Disbursement 03 / 06 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 500.00
City Alexandria	State VA Zip Code 22314-	
Purpose of Disbursement IN-KIND FNDRSNG SRVCS P. ROSKAM		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 06		in-kind fndrsng srvcs P. Roskam

Full Name (Last, First, Middle Initial) C. Bogart Associates		Transaction ID: 70406.E8142 Date of Disbursement 02 / 06 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 500.00
City Alexandria	State VA Zip Code 22314-	
Purpose of Disbursement IN-KIND FNDRSNG M BACHMANN FOR CONG		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name MICHELE M BACHMANN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 06		in-kind fndrsng M Bachmann for Cong

SUBTOTAL of Disbursements This Page (optional)	1300.00
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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70315.E7886 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 871.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 In Kind 1st Tue Grp Lunch-eon
City Washington State DC Zip Code 20003-1801	Category/ Type	
Purpose of Disbursement IN KIND 1ST TUE GRP LUNCHEON		
Candidate Name MICHELE M BACHMANN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70406.E7942 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 871.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 inkind 1st Tue Grp Lunche-on Roskam
City Washington State DC Zip Code 20003-1801	Category/ Type	
Purpose of Disbursement INKIND 1ST TUE GRP LUNCHEON ROSKAM		
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Clement For Mayor		Transaction ID: 70406.E8076 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 23110		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 Nashville State TN Zip Code 37202-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3742.40
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)

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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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Heller For Congress		Transaction ID: 70406.E7965 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 7840 Red Leaf Drive		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 89131-	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. John McCain 2008 Exploratory Committee		Transaction ID: 70406.E8143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 16118		Amount of Each Disbursement this Period 253.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22215-	Category/ Type	
Purpose of Disbursement IN-KIND - MAILING		
Candidate Name JOHN S MCCAIN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: AZ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

in-kind - mailing

Full Name (Last, First, Middle Initial) C. John McCain 2008 Exploratory Committee		Transaction ID: 70406.E8078 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 16118		Amount of Each Disbursement this Period 1746.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22215-	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JOHN S MCCAIN		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: AZ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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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)
Bachus for Congress Committee

A. NRCC Full Name (Last, First, Middle Initial) Mailing Address 320 1st St SE City Washington State DC Zip Code 20003-1838 Purpose of Disbursement TRANSFER OF FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70123.E7715 Date of Disbursement 01 / 05 / 2007 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
B. Rock School Foundation Of Westover Full Name (Last, First, Middle Initial) Mailing Address 8895 Highway 51 City Sterrett State AL Zip Code 35147- Purpose of Disbursement ED. IN EXCELLENCE AWARDS PROGRAM Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70315.E7882 Date of Disbursement 02 / 21 / 2007 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
C. Salvation Army Full Name (Last, First, Middle Initial) Mailing Address 2100 11th Ave N City Birmingham State AL Zip Code 35234-2716 Purpose of Disbursement CONTRIBUTION - GALA DINNER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70406.E7953 Date of Disbursement 03 / 29 / 2007 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

SUBTOTAL of Disbursements This Page (optional) ▶

101700.00

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)
Bachus for Congress Committee

Full Name (Last, First, Middle Initial) A. Salvation Army		Transaction ID: 70123.E7713 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 2100 11th Ave N		Amount of Each Disbursement this Period 100.00
City Birmingham State AL Zip Code 35234-2716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement YOUTH SERVICES CHRISTMAS FUND		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sickle Cell Foundation		Transaction ID: 70131.E7867 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 3813 Avenue I		Amount of Each Disbursement this Period 1500.00
City Birmingham State AL Zip Code 35218-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sickle Cell Gala 2		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Susan B. Anthony List		Transaction ID: 70315.E7875 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 1420 King Street, Suite 550		Amount of Each Disbursement this Period 450.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL DUES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2050.00
TOTAL This Period (last page this line number only) ▶	116292.40