

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
LOUIE GOHMERT FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 8060
 Check if different than previously reported. (ACC)
TYLER TX 75711

2. **FEC IDENTIFICATION NUMBER** C00386532
CITY **STATE** TX **ZIP CODE** 75711
STATE DISTRICT TX 01
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 11 04 2008 in the State of TX

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Wm. L. (Bill) Long

Signature of Treasurer Electronically Filed by Mr. Wm. L. (Bill) Long Date 01 05 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	49575.00	887805.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	8600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49575.00	879205.50
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	29810.47	661014.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1845.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29810.47	659168.82
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	238398.87	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="04"/> <input type="text" value="2008"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> <input type="text" value="05"/> <input type="text" value="2008"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="24"/> <input type="text" value="2008"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (Use Schedule A)		
<input type="text" value="14500.00"/>	<input type="text" value="651367.50"/>	<input type="text" value="2000.00"/>
(ii) Unitemized		
<input type="text" value="1325.00"/>	<input type="text" value="54575.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="15825.00"/>	<input type="text" value="705942.50"/>	<input type="text" value="2000.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="33750.00"/>	<input type="text" value="181863.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
49575.00	887805.50	2000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	1845.78	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	100.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
49575.00	889751.28	2000.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
29810.47	661014.60	15119.91
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	12100.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	7600.00	0.00
(b) Political Party Committees		
0.00	1000.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	8600.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

18549.06	167954.06	60.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

48359.53	849668.66	15179.91
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

49575.00	879205.50	2000.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

29810.47	659168.82	15119.91
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	237183.40
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	49575.00
25. SUBTOTAL(add Line 23 and Line 24)	286758.40
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	48359.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	238398.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) C. Mark Abernathy		Date of Receipt
	Mailing Address P. O. Box 3331		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Longview TX 75606		<input type="text"/> 1 0 / <input type="text"/> 2 9 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.24587
	Name of Employer Occupation McKaig Chevrolet Owner		Amount of Each Receipt this Period <input type="text"/> 100.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 1100.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) James W. Asbury		Date of Receipt
	Mailing Address 1408 Lazy Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Longview TX 75604		<input type="text"/> 1 0 / <input type="text"/> 1 7 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.24441
	Name of Employer Occupation Retired		Amount of Each Receipt this Period <input type="text"/> 100.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 800.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Billy D. Bankston		Date of Receipt
	Mailing Address 1704 Clarendon		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Longview TX 75601		<input type="text"/> 1 0 / <input type="text"/> 2 8 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.24603
	Name of Employer Occupation East Texas Mac Sales LP Heavy Truck Dealer		Amount of Each Receipt this Period <input type="text"/> 250.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 1250.00	Fundraiser <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Debbie Bankston

Mailing Address 1704 Clarendon

City State Zip Code
Longview TX 75701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Housewife Housewife

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt MM / DD / YYYY
10 / 28 / 2008

Transaction ID: SA11AI.24605

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Tom Beets

Mailing Address 9120 CR 117D

City State Zip Code
Overton TX 75684

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hospice of East Texas Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1850.00

Date of Receipt MM / DD / YYYY
10 / 21 / 2008

Transaction ID: SA11AI.24468

Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Travis L. Booher

Mailing Address P. O. Box 7793

City State Zip Code
Tyler TX 75711

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Petroleum Engineer

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

Date of Receipt MM / DD / YYYY
10 / 20 / 2008

Transaction ID: SA11AI.24455

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 62
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
R. A. Brookshire

Mailing Address 109 Deer Trace Circle

City Lufkin State TX Zip Code 75901

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2008

Transaction ID: SA11AI.24469

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Paul Colonna

Mailing Address 11704 Aberdeen Rd

City Leawood State KS Zip Code 66211

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

Name of Employer Cook Composites & Polymers Occupation Chief Executive Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2008

Transaction ID: SA11AI.24579

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
J P Downing

Mailing Address 470 E Loop 281

City Longview State TX Zip Code 75605

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

Name of Employer Self Occupation Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 29 / 2008

Transaction ID: SA11AI.24549

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 62
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Mark Dunn		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 1400 Brookhollow Dr.		Transaction ID: SA11AI.24442
City Lufkin	State TX	Zip Code 75904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dunn's Construction LLC	Occupation Contractor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Harold Estes		Date of Receipt MM / DD / YYYY 10 / 17 / 2008
Mailing Address 505 Hickory Hollow		Transaction ID: SA11AI.24409
City Lufkin	State TX	Zip Code 75904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Texas Timberjack Inc.	Occupation Salesman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) Carols Griffin		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
Mailing Address P. O. Box 1157		Transaction ID: SA11AI.24589
City Kilgore	State TX	Zip Code 75663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Geo-Vest, Inc	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 62
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr Curtis R Haley

Mailing Address 109 E Main

City San Augustine State TX Zip Code 75972

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

Name of Employer Retired Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2008

Transaction ID: SA11AI.24499

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
Trey Henderson

Mailing Address P O Box 3659

City Lufkin State TX Zip Code 75903

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

Name of Employer Angelina Hardwood Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 10 / 17 / 2008

Transaction ID: SA11AI.24411

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Michael E. Jimerson

Mailing Address 125 N. Van Buren St.

City Henderson State TX Zip Code 75652

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

Name of Employer Attorney Occupation Self

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2008

Transaction ID: SA11AI.24470

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Keith Keeling

Mailing Address 511 N. St. Mary

City Carthage State TX Zip Code 75633

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 11 / 03 / 2008
Transaction ID: SA11AI.24676
 Amount of Each Receipt this Period 200.00

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

B. Full Name (Last, First, Middle Initial)
Ruben Martin

Mailing Address P. O. Box 191

City Kilgore State TX Zip Code 75663

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

Name of Employer Martin Gas Co. Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 12 / 2008
Transaction ID: SA11AI.24730
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
Karen D. McKeown

Mailing Address 1515 Cumberland Rd

City Tyler State TX Zip Code 75703

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2008
Transaction ID: SA11AI.24498
 Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
E. G. Pittman

Mailing Address 402 S. Bynum

City Lufkin State TX Zip Code 75904

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2008
Transaction ID: SA11AI.24444
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Carl Ray Polk, Jr.

Mailing Address P. O. Box 151720

City Lufkin State TX Zip Code 75915

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2008
Transaction ID: SA11AI.24445
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 2702 Southwood Dr.

City Lufkin State TX Zip Code 75904

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008
Transaction ID: SA11AI.24410
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Connie S. Rhoades

Mailing Address 318 Oak Crest Dr.

City Lufkin State TX Zip Code 75901

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

Name of Employer: Dusty Rhoades Marina Occupation: Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: SA11AI.24500
Amount of Each Receipt this Period: 250.00

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

B.

Full Name (Last, First, Middle Initial)
John C. Robbins

Mailing Address P. O. Box 2347

City Longview State TX Zip Code 75606-2347

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

Name of Employer: Self Occupation: Oil & Gas Exploration

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 10 / 29 / 2008
Transaction ID: SA11AI.24588
Amount of Each Receipt this Period: 100.00

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

C.

Full Name (Last, First, Middle Initial)
Dr. J. T. Roberts

Mailing Address P. O. Box 8000

City Kilgore State TX Zip Code 75663

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

Name of Employer: Self Occupation: Optometrist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: SA11AI.24450
Amount of Each Receipt this Period: 250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert A Sherman
 Mailing Address P O Box 351
 City Carthage State TX Zip Code 75633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.24550
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
B C Spradlin
 Mailing Address 29 Rim Rd
 City Kilgore State TX Zip Code 75662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info Requested Occupation Info Requested
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 10 / 17 / 2008
Transaction ID: SA11AI.24448
 Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
B C Spradlin
 Mailing Address 29 Rim Rd
 City Kilgore State TX Zip Code 75662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info Requested Occupation Info Requested
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
 Date of Receipt 10 / 29 / 2008
Transaction ID: SA11AI.24575
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1600.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brad Stebbins	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 600 E Whaley	Transaction ID: SA11AI.24688
	City State Zip Code Longview TX 75601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Stebbins Five Co, Ltd Owner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Dick Stebbins	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 125 Hughes	Transaction ID: SA11AI.24689
	City State Zip Code Longview TX 75606	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sebbins Five Co., Ltd. Management	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) SUDDENLINK PAC	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 12444 POWERSCOURT DRIVE SUITE 420	Transaction ID: SA11AI.24548
	City State Zip Code ST LOUIS MO 63131	Amount of Each Receipt this Period -2500.00
	FEC ID number of contributing federal political committee. C C00426601	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	-1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Bernard Taylor

Mailing Address 1200 Mockingbird Ln.

City State Zip Code
Longview TX 75601

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

Name of Employer Occupation
Longview Cancer Center Physician

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

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

Transaction ID: SA11AI.24552

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Lee Ussery

Mailing Address 1211 Culver

City State Zip Code
Gladewater TX 75647

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

Name of Employer Occupation
Self C. P. A.

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

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

Transaction ID: SA11AI.24586

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Kenneth Volk

Mailing Address P O Box 1965

City State Zip Code
Marshall TX 75671

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

Name of Employer Occupation
Affordable Health Care Clinic Physicians Assistant

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

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

Transaction ID: SA11AI.24678

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 62	
	(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Daniel R. Willson		Date of Receipt		
	Mailing Address 18764 Peachtree Lane		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.24473	
	Lindale	TX	75771	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	1000.00	
	Name of Employer Rehab at Home		Occupation Physical Therapist		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	14500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION OF NURSE ANESTHETISTS PAC		Date of Receipt
	Mailing Address 25 MASSACHUSETTS AVE NW		<input type="checkbox"/> 10 / <input type="checkbox"/> 17 / <input type="checkbox"/> 2008
	City	State	Zip Code
	WASHINGTON	DC	20001
	FEC ID number of contributing federal political committee. C C00173153		Transaction ID: SA11C.24416
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 1101 VERMONT AVENUE NW 12TH FLOOR		<input type="checkbox"/> 10 / <input type="checkbox"/> 29 / <input type="checkbox"/> 2008
	City	State	Zip Code
	WASHINGTON	DC	20005
	FEC ID number of contributing federal political committee. C C00000422		Transaction ID: SA11C.24558
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 1090 Vermont Ave. NW Suite 510		<input type="checkbox"/> 11 / <input type="checkbox"/> 03 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C C00113803		Transaction ID: SA11C.24680
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
BEEF-PAC (BEEF POLITICAL ACTION COMMITTEE OF TEXAS CATTLE FEEDERS ASSOCIATION)
Mailing Address 5501 W I-40

City State Zip Code
AMARILLO TX 79106

FEC ID number of contributing federal political committee. **C** C00015552

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
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11C.24559

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS
Mailing Address 1201 15TH STREET NW

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: SA11C.24690

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
CHESAPEAKE FED PAC
Mailing Address P.O. Box 18496

City State Zip Code
Oklahoma City OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

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
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11C.24477

Amount of Each Receipt this Period
2500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CONOCOPHILLIPS SPIRIT PAC

Mailing Address 1400B Plaza Office Building
1400 B PLAZA OFFICE BUILDING

City State Zip Code
Bartlesville OK 74004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 29 / 2008

Transaction ID: SA11C.24560

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 600B

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2008

Transaction ID: SA11C.24610

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address P O BOX 909700

City State Zip Code
KANSAS CITY MO 64190

FEC ID number of contributing federal political committee. **C** C00001388

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
10 / 31 / 2008

Transaction ID: SA11C.24629

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 62
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION	Date of Receipt
	Mailing Address 8400 Westpark Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2008
	City McLean State VA Zip Code 22102	Transaction ID: SA11C.24561
	FEC ID number of contributing federal political committee. C C00040998	Amount of Each Receipt this Period 5000.00
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE	Date of Receipt
	Mailing Address 228 S. Washington St. Ste. 115	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 31 / 2008
	City Alexandria State VA Zip Code 22314	Transaction ID: SA11C.24628
	FEC ID number of contributing federal political committee. C C00342394	Amount of Each Receipt this Period 2000.00
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) EXXON MOBIL CORPORATION-MOBIL POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 5959 LAS COLINAS BLVD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 30 / 2008
	City IRVING State TX Zip Code 75039	Transaction ID: SA11C.24609
	FEC ID number of contributing federal political committee. C C00095406	Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
FREEPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

Mailing Address 1 North Central Avenue
23rd Floor

City State Zip Code
Phoenix AZ 85004

FEC ID number of contributing federal political committee. **C** C00320101

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
 1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11C.24492

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: SA11C.24421

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL LUMBER AND BUILDING MATERIAL DEALERS ASSN POLITICAL ACTION COMMITTEE (LUMBAO)

Mailing Address 900 2nd Street NE Ste. 305

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00039214

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
 1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11C.24557

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
SCOOTER STORE INC POLITICAL ACTION COMMITTEE; THE
Mailing Address 1650 INDEPENDENCE DRIVE
City State Zip Code
NEW BRAUNFELS TX 78132
FEC ID number of contributing federal political committee. **C** C00419937
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 750.00
Date of Receipt: 10 / 31 / 2008
Transaction ID: SA11C.24645
Amount of Each Receipt this Period: 750.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SEARS HOLDINGS CORPORATION PAC
Mailing Address 3333 Beverly Road BC-113A
City State Zip Code
Hoffman Estates IL 60179
FEC ID number of contributing federal political committee. **C** C00038612
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 10 / 21 / 2008
Transaction ID: SA11C.24493
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SUDDENLINK PAC
Mailing Address 12444 POWERSCOURT DRIVE SUITE 420
City State Zip Code
ST LOUIS MO 63131
FEC ID number of contributing federal political committee. **C** C00426601
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 10 / 23 / 2008
Transaction ID: SA11C.24496
Amount of Each Receipt this Period: 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4250.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 12444 POWERSCOURT DRIVE SUITE 420

City State Zip Code
ST LOUIS MO 63131

FEC ID number of contributing federal political committee. **C** C00426601

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: SA11C.24534

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1301 W 7th St

City State Zip Code
Fort Worth TX 76102

FEC ID number of contributing federal political committee. **C** C00211524

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: SA11C.24562

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
TEXAS FORESTRY ASSOCIATION FORESTRY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1488
1903 ATKINSON DRIVE

City State Zip Code
LUFKIN TX 75902

FEC ID number of contributing federal political committee. **C** C00297911

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: SA11C.24451

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
UNITED STATES 7-ELEVEN EMPLOYEES' POLITICAL ACTION COMMITTEE ('U S SEPAC')

Mailing Address 2711 N HASKELL AVE
PO BOX 711

City State Zip Code
DALLAS TX 75221

FEC ID number of contributing federal political committee. **C** C00086298

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11C.24475

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 75000
MC: 2250

City State Zip Code
Detroit MI 48275

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.24681

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 33750.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Alltel <hr/> Mailing Address 1016 W. SW. Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Telephone Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24521 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 158.07
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
B. Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P. O. Box 619616 <hr/> City DFW Airport State TX Zip Code 75261 <hr/> Purpose of Disbursement Telephone Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24512 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 565.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 002
C. Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P. O. Box 619616 <hr/> City DFW Airport State TX Zip Code 75261 <hr/> Purpose of Disbursement Telephone Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24768 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 531.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	1254.57
TOTAL This Period (last page this line number only) ▶	(Empty)

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P. O. Box 619616 <hr/> City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Airline Tickets Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24786 Date of Disbursement 11 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 484.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) A T & T <hr/> Mailing Address P O Box 630047 <hr/> City Dallas State TX Zip Code 75263 Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24487 Date of Disbursement 10 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 154.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) A T & T Mobility <hr/> Mailing Address P O Box 650553 <hr/> City Dallas State TX Zip Code 75265 Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24433 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 311.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

950.82

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone <input type="checkbox"/> Telephone <input type="checkbox"/> Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type <input type="checkbox"/> 001</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24435</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 426.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone <input type="checkbox"/> Telephone <input type="checkbox"/> Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type <input type="checkbox"/> 001</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24602</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 91.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone <input type="checkbox"/> Telephone <input type="checkbox"/> Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Category/Type <input type="checkbox"/> 001</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24739</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 311.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	829.64
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement Telephone

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24740

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

425.68

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

B.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement Telephone

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24741

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

71.00

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

C.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement Telephone

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24782

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

91.99

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

SUBTOTAL of Disbursements This Page (optional) ▶

588.67

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Billy D. Bankston <hr/> Mailing Address 1704 Clarendon <hr/> City Longview State TX Zip Code 75601 <hr/> Purpose of Disbursement Fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24604 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Debbie Bankston <hr/> Mailing Address 1704 Clarendon <hr/> City Longview State TX Zip Code 75701 <hr/> Purpose of Disbursement Fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24606 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 5514 S. Broadway <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Office Equipment Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24625 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 255.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

755.90

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. Mailing Address 1600 W. SW Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Supplies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24480 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 35.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. Mailing Address 1600 W. SW Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Supplies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24503 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 19.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. Mailing Address 1600 W. SW Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Supplies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24510 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period 61.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	116.46
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Brookshire Grocery Co.</p> <p>Mailing Address 1600 W. SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24695 Date of Disbursement 11 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 59.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 209 Pennsylvania Avenue Southeast</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24439 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 520.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens 1st Bank</p> <p>Mailing Address P. O. Box 7640</p> <p>City Tyler State TX Zip Code 75711</p> <p>Purpose of Disbursement Auto Lease</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24461 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 603.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1183.43

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
City Tavern

Mailing Address 138 S 2nd St

City Philadelphia State PA Zip Code 19106

Purpose of Disbursement Meeting

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24639
Date of Disbursement

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

Amount of Each Disbursement this Period

246.19

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

B.

Full Name (Last, First, Middle Initial)
Cumberland Industries

Mailing Address 206 Winchester Dr

City Tyler State TX Zip Code 75701

Purpose of Disbursement Car Wash

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24532
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	8

Amount of Each Disbursement this Period

9.00

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

C.

Full Name (Last, First, Middle Initial)
DFW International Airport

Mailing Address P. O. Box 619428

City DFW Airport State TX Zip Code 75261-9428

Purpose of Disbursement Parking

Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24668
Date of Disbursement

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

Amount of Each Disbursement this Period

34.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

289.19

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) East Texas Copy Systems <hr/> Mailing Address 4545 Old Jacksonville Hwy <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Copier Lease Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24437 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 26.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01
B. Full Name (Last, First, Middle Initial) El Charro <hr/> Mailing Address 2623 E. Fifth St. <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24514 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 47.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 003
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01
C. Full Name (Last, First, Middle Initial) Exxon/Mobil Central <hr/> Mailing Address Hwy 59 N <hr/> City Pollol State TX Zip Code 75969 <hr/> Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24481 Date of Disbursement 10 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 002
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

109.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Exxon/Mobil Longview</p> <p>Mailing Address 4665 E. Hwy 80</p> <p>City Longview State TX Zip Code 75605</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24484</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Exxon/Mobil Longview</p> <p>Mailing Address 4665 E. Hwy 80</p> <p>City Longview State TX Zip Code 75605</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24595</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.27"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Exxon/Mobil Marshall</p> <p>Mailing Address 1107 Carters Ferry Road</p> <p>City Marshall State TX Zip Code 75670</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24539</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

57.27

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler</p> <p>Mailing Address 2204 E SE Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24524</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.93"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler</p> <p>Mailing Address 2204 E SE Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24667</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.02"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler</p> <p>Mailing Address 2204 E SE Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24717</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.89"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) FedEx Kinko Mailing Address 2625 E. Erwin City Tyler State TX Zip Code 75702 Purpose of Disbursement Shipping Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24642 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 168.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Flowers by Ela Mailing Address 1512 E. SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Courtesies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24601 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 226.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Philip S Goodwin Mailing Address 13809 CR 1145 City Tyler State TX Zip Code 75704 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24462 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	887.39
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Philip S Goodwin Mailing Address 13809 CR 1145 City Tyler State TX Zip Code 75704 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24504 Date of Disbursement 10 / 23 / 2008	Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Philip W. Goodwin Mailing Address 1609 S. Chestnut Suite 202 City Lufkin State TX Zip Code 75901 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24709 Date of Disbursement 11 / 07 / 2008	Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Philip W. Goodwin Mailing Address 1609 S. Chestnut Suite 202 City Lufkin State TX Zip Code 75901 Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24710 Date of Disbursement 11 / 07 / 2008	Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1010.56
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Philip S Goodwin Mailing Address 13809 CR 1145 City Tyler State TX Zip Code 75704 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24748 Date of Disbursement 11 / 14 / 2008 Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Philip S Goodwin Mailing Address 13809 CR 1145 City Tyler State TX Zip Code 75704 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24767 Date of Disbursement 11 / 21 / 2008 Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Philip S Goodwin Mailing Address 13809 CR 1145 City Tyler State TX Zip Code 75704 Purpose of Disbursement Salary Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24781 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 492.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1478.34

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) H M S Promotions LLC Mailing Address P O Box 44298 City Ft Washington State MD Zip Code 20749 Purpose of Disbursement Can Coolers Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24440 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 132.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address 1500 Pennsylvania Ave., NW City Washington State DC Zip Code 20220 Purpose of Disbursement Payroll Taxes Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24507 Date of Disbursement 10 / 23 / 2008 Amount of Each Disbursement this Period 513.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address 1500 Pennsylvania Ave., NW City Washington State DC Zip Code 20220 Purpose of Disbursement Payroll Taxes Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24749 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 256.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	901.87
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Retainer</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24652</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Design & Printing</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24653</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="332.66"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 01</p>	<p>Transaction ID: SB17.24654</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.44"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3993.10

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24655</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 69.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Milage</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24656</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 543.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Wm. L. (Bill) Long</p> <p>Mailing Address 8236 Columbia Dr.</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Contract Services</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24697</p> <p>Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	1112.57
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lowe's Mailing Address 5720 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Stakes Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24593 Date of Disbursement 10 / 27 / 2008 Amount of Each Disbursement this Period 37.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) O'Hare Airport Mailing Address 1000 Bessie Coleman Dr City Chicago State IL Zip Code 60666 Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24673 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 201.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) OnStar Mailing Address P O Box 77000 City Detroit State MI Zip Code 48277 Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24760 Date of Disbursement 11 / 18 / 2008 Amount of Each Disbursement this Period 323.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	562.96
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Randy Phillips Photography Mailing Address 113 E 7th St City Tyler State TX Zip Code 75701 Purpose of Disbursement Photos Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24722 Date of Disbursement 11 / 08 / 2008 Amount of Each Disbursement this Period 389.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Adam Reed Mailing Address 1502 Cumberland Rd City Tyler State TX Zip Code 75703 Purpose of Disbursement Computer Repair Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24505 Date of Disbursement 10 / 23 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Shell Oil Dallas Mailing Address 424 S R L Thornton Fwy City Dallas State TX Zip Code 75203 Purpose of Disbursement Gasoline Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24669 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 31.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	721.47
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Shell Oil Dallas

Mailing Address 424 S R L Thornton Fwy

City Dallas State TX Zip Code 75203

Purpose of Disbursement
Gasoline

002
Category/
Type

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24672
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

18.56

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

B.

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

Mailing Address P. O. Box 1079

City Tyler State TX Zip Code 75710

Purpose of Disbursement
Service Charge

001
Category/
Type

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24485
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

2.00

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

C.

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

Mailing Address P. O. Box 1079

City Tyler State TX Zip Code 75710

Purpose of Disbursement
Meals

002
Category/
Type

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB17.24511
Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

180.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

200.56

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 62

<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Blank Checks Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24537 Date of Disbursement 10 / 26 / 2008 Amount of Each Disbursement this Period 69.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24664 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 46.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24635 Date of Disbursement 11 / 02 / 2008 Amount of Each Disbursement this Period 12.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

128.85

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Service Charge Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24694 Date of Disbursement 11 / 02 / 2008 Amount of Each Disbursement this Period 25.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Meals Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24805 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24644 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 5.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

131.45

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Suddenlink	Transaction ID: SB17.24438 Date of Disbursement																			
	Mailing Address P O Box 139004	<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>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	6	/	2	0	0	8												
	City Tyler State TX Zip Code 75713-9004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities	<table border="1"><tr><td>57.39</td></tr></table>	57.39																		
57.39																					
	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <table border="1"><tr><td>001</td></tr></table>	001																		
001																					
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: TX District: 01																				

B.	Full Name (Last, First, Middle Initial) Suddenlink	Transaction ID: SB17.24533 Date of Disbursement																			
	Mailing Address P O Box 139004	<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>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	8	/	2	0	0	8												
	City Tyler State TX Zip Code 75713-9004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Utilities	<table border="1"><tr><td>57.39</td></tr></table>	57.39																		
57.39																					
	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <table border="1"><tr><td>001</td></tr></table>	001																		
001																					
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: TX District: 01																				

C.	Full Name (Last, First, Middle Initial) Travelmasters	Transaction ID: SB17.24513 Date of Disbursement																			
	Mailing Address 915 W SW Loop 323	<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>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	8												
	City Tyler State TX Zip Code 75701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Service Charge	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <table border="1"><tr><td>002</td></tr></table>	002																		
002																					
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: TX District: 01																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>164.78</td></tr></table>	164.78
164.78		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Twentyeast Agency</p> <p>Mailing Address P. O. Box 8227</p> <p>City Tyler State TX Zip Code 75711</p> <p>Purpose of Disbursement Web Site Update</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24463</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 154.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Twentyeast Agency</p> <p>Mailing Address P. O. Box 8227</p> <p>City Tyler State TX Zip Code 75711</p> <p>Purpose of Disbursement Web Site</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24784</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1911.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 4828 S Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.24716</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 44.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2110.48

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) U S A A Credit Card Services <hr/> Mailing Address 10750 McDermott Fwy <hr/> City San Antonio State TX Zip Code 78288 <hr/> Purpose of Disbursement Auto Rent <hr/> Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24713 Date of Disbursement 11 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1537.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop <hr/> Mailing Address Longworth House office Bldg <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Gifts <hr/> Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24785 Date of Disbursement 11 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 1960.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U S Postmaster <hr/> Mailing Address 2627 S. Broadway <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Postage <hr/> Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24509 Date of Disbursement 10 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 84.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3581.61
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) U S Postmaster Mailing Address 2627 S. Broadway City Tyler State TX Zip Code 75701 Purpose of Disbursement Postage Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24523 Date of Disbursement 10 / 25 / 2008 Amount of Each Disbursement this Period 99.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 180 Washington Valley Rd. City Bedminster State NJ Zip Code 07921 Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24711 Date of Disbursement 11 / 06 / 2008 Amount of Each Disbursement this Period 357.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 180 Washington Valley Rd. City Bedminster State NJ Zip Code 07921 Purpose of Disbursement Telephone Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB17.24751 Date of Disbursement 11 / 14 / 2008 Amount of Each Disbursement this Period 247.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

703.78

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wal-mart Supercenter Mailing Address 6801 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Stakes Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24666 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 65.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Walgreen Company Mailing Address 5415 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Supplies Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24531 Date of Disbursement 10 / 25 / 2008 Amount of Each Disbursement this Period 9.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Woodgate I Mailing Address 1121 E S Southeast Loop 323 Ste 200 City Tyler State TX Zip Code 75701 Purpose of Disbursement Rents Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.24712 Date of Disbursement 11 / 06 / 2008 Amount of Each Disbursement this Period 753.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	828.98
TOTAL This Period (last page this line number only) ▶	26405.11

**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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BACHMANN FOR CONGRESS

Mailing Address 6053 Hudson Road Ste 360

City State Zip Code
Woodbury MN 55125

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24657

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
BRIAN BILBRAY FOR CONGRESS

Mailing Address 2466 Unicornio Street

City State Zip Code
Carlsbad CA 92009

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24704

Date of Disbursement

10 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964
P.O. Box 41964

City State Zip Code
Houston TX 77241

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24522

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) HOOSIERS SUPPORTING BUYER FOR CONGRESS	Transaction ID: SB21.24658 Date of Disbursement 10 / 25 / 2008	
	Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00
	City Monticello State IN Zip Code 47960		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	
	Full Name (Last, First, Middle Initial) B. KELLER FOR CONGRESS		
	Mailing Address P.O. Box 1453	Transaction ID: SB21.24623 Date of Disbursement 10 / 25 / 2008	
	City Orlando State FL Zip Code 32802		Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Full Name (Last, First, Middle Initial) C. LAMBORN FOR CONGRESS		
	Mailing Address P.O. Box 64107	Transaction ID: SB21.24707 Date of Disbursement 10 / 25 / 2008	
	City Colorado Springs State CO Zip Code 80962		Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) LINCOLN DIAZ-BALART FOR CONGRESS Mailing Address 95 Merrick Way, Suite 250 City Coral Gables State FL Zip Code 33134 Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB21.24597 Date of Disbursement 10 / 27 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) MARIO DIAZ-BALART FOR CONGRESS Mailing Address 2801 Ponce de Leon Blvd. Ste1000 PO BOX 226 City Coral Gables State FL Zip Code 33134 Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB21.24596 Date of Disbursement 10 / 27 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) MCCAUL FOR CONGRESS, INC Mailing Address 815-A Brazos Street PMB 230 City Austin State TX Zip Code 78701 Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 01	Transaction ID: SB21.24622 Date of Disbursement 10 / 25 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

**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 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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City HICKORY State NC Zip Code 28603

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24624
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
MUSGRAVE FOR CONGRESS

Mailing Address 5401 STONE CREEK CIRCLE SUITE 777

City LOVELAND State CO Zip Code 80538

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24948
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City ERIE State PA Zip Code 16507

Purpose of Disbursement
Donation

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: SB21.24618
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS Mailing Address P.O. Box 905 City Newton State NJ Zip Code 07860 Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.24950 Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS Mailing Address 1420 Alafaya Trail #103 City Oviedo State FL Zip Code 32765 Purpose of Disbursement Donation Candidate Name LOUIE GOHMERT FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.24600 Date of Disbursement 10 / 27 / 2008
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

18039.06

Image# 29990012779

Form/Schedule: **SA11AI**
Transaction ID: **SA11AI.24548**

This contribution was reported on Form 6 as \$2,500.00. This contribution was called in from our campaign office and reported as \$2,500, but when the check came in it was for \$1,500.

Form/Schedule: **SA11C**
Transaction ID: **SA11C.24496**

This contribution was reported on Form 6 as \$2,500.00. This contribution was called in from our campaign office and reported as \$2,500, but when the check came in it was for \$1,500.

Image# 29990012780

Form/Schedule: SA11C

Transaction ID: SA11C.24534

This contribution was reported on Form 6 as \$2,500.00. This contribution was called in from our campaign office and reported as \$2,500, but when the check came in it was for \$1,500.
