

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 Michael Burgess for Congress

ADDRESS (number and street) PO Box 2334 Denton TX 76202 2334

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00372532 3. IS THIS REPORT NEW (N) OR AMENDED (A) TX 26

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

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

5. Covering Period 07 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Sherman

Signature of Treasurer Electronically Filed by Robert Sherman Date 10 12 2007

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

Table with 8 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michael Burgess for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	112157.12	404178.12
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112157.12	404178.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	159663.63	329218.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	962.47	2575.23
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	158701.16	326643.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	142383.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Michael Burgess for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

33062.12

128012.12

(ii) Unitemized.....

3095.00

11416.00

(iii) TOTAL of contributions

36157.12

139428.12

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

76000.00

264750.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

112157.12

404178.12

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

962.47

2575.23

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

61.31

61.31

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

113180.90

406814.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	159663.63	329218.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3800.00	5300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	163463.63	334518.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	192666.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	113180.90
25. SUBTOTAL (add Line 23 and Line 24).....	305847.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	163463.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	142383.87

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Jerry A. King-Echevarria

Mailing Address 5140 Bellerive

City State Zip Code
Dallas TX 78287

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

Name of Employer King Aerospace Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2007

Transaction ID: A-C8318

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Bob Schumacher

Mailing Address 777 Main Street Suite 3200

City State Zip Code
Fort Worth TX 76102

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

Name of Employer Texland Petroleum, LP Occupation Chairman

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
07 / 24 / 2007

Transaction ID: A-C8318

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)
Susan Blue-Zeig

Mailing Address 9932 Tantarra Drive

City State Zip Code
Burleson TX 76028-7854

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: A-C8424

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)	3050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) Charles Correll Mailing Address 355 Canyon Oaks Drive City State Zip Code Argyle TX 76226-9659 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2007 Transaction ID: A-C8420 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Albon O. Head, Jr. Mailing Address 301 Commerce Street Suite 2400 City State Zip Code Fort Worth TX 76102-4124 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007 Transaction ID: A-C8519 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Jackson Walker, LLP Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Frances H. Chiles Mailing Address 1300 Shady Oaks Lane City State Zip Code Fort Worth TX 76107-3536 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007 Transaction ID: A-C8528 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 121
	<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)
Michael Burgess for Congress

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

Mailing Address 2747 N. O'Connor Road

City Irving State TX Zip Code 75062-5650

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

Name of Employer Corplan Corrections, LLP Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2007

Transaction ID: A-C8527

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
James Parkey

Mailing Address 2747 N. O'Connor Road

City Irving State TX Zip Code 75062-5650

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

Name of Employer Corplan Corrections, LLP Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2007

Transaction ID: A-C8731

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Barry Clark

Mailing Address 2349 Bridgewood Drive

City Roanoke State TX Zip Code 76262-8823

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

Name of Employer Peachtree Construction Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: A-C8524

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)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Wallace E. Downey		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 1353 Woodbrook Lane		Transaction ID: A-C8525
City Southlake	State TX	Zip Code 76092-4842
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Downey Publishing	Occupation Chief Executive Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Virginia Tigue		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 4415 Meandering Way		Transaction ID: A-C8526
City Colleyville	State TX	Zip Code 76034-4513
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Tigue Properties	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Wade Birdwell		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 1300 Summit Street Suite 300		Transaction ID: A-C8522
City Austin	State TX	Zip Code 78741-1160
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Steven C. Laird		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007
Mailing Address 7979 Chartwell Lane		Transaction ID: A-C8521
City State Zip Code Fort Worth TX 76120-5809	Amount of Each Receipt this Period 1000.00	
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 Self-Employed Occupation Attorney	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Neal Adams		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2007
Mailing Address 1903 Central Drive Suite 400		Transaction ID: A-C8534
City State Zip Code Bedford TX 76021-5813	Amount of Each Receipt this Period 250.00	
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 Adams, Lomah, & Loftin Occupation Attorney	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Debra A. Gedwed		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2007
Mailing Address 1430 Bentley Court		Transaction ID: A-C8537
City State Zip Code Southlake TX 76092-9440	Amount of Each Receipt this Period 2300.00	
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 Homemaker Occupation Homemaker	Election Cycle-to-Date ▼ 2300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
William J. Gedwed

Mailing Address 1430 Bentley Court

City State Zip Code
Southlake TX 76092-9440

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

Name of Employer UIC, Incorporated Insurance
Occupation Chief Executive Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: A-C8536

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Lawrence H. Meeker

Mailing Address 108 W 8th Street Suite 410

City State Zip Code
Fort Worth TX 76102-6208

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

Name of Employer Advanced Team Concepts
Occupation President

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
08 / 20 / 2007

Transaction ID: A-C8535

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)
Stonegate Swimming Pools, LLP

Mailing Address 533 Bedford Road

City State Zip Code
Bedford TX 76022-6501

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

Name of Employer
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2007

Transaction ID: A-C8531

Amount of Each Receipt this Period
250.00

See Memo Item

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

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

SUBTOTAL of Receipts This Page (optional) ▶ **3050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
French Haralson

Mailing Address 533 Bedford Road

City Bedford State TX Zip Code 76022-6501

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

Name of Employer Stonegate Pools Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-PI17

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Partnership Itemization Memo

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

Mailing Address P.O. Box 91588

City Arlington State TX Zip Code 76015-0088

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

Name of Employer Martin Sprocket & Gear, Inc. Occupation Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: A-C8532

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
William A. Murphy, Jr.

Mailing Address 4808 Bellview Street

City Bellaire State TX Zip Code 77401-5306

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

Name of Employer University of Texas Occupation Radiologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C8533

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) ► **2550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 121
	<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)
Michael Burgess for Congress

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

Mailing Address 6217 Genoa Road

City State Zip Code
Fort Worth TX 76116-2025

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

Name of Employer Hillwood Real Estate Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2007

Transaction ID: A-C8541

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)
Mac N. Churchill

Mailing Address 3125 NE Loop 820

City State Zip Code
Fort Worth TX 76137-2469

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

Name of Employer Self-Employed Occupation Auto Dealer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2007

Transaction ID: A-C8559

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)
J. Wayne Trimmer

Mailing Address 7601 John McCain Road

City State Zip Code
Colleyville TX 76034-6876

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

Name of Employer Imagecraft Occupation Business Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2007

Transaction ID: A-C8558

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) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Tom M. Deas, Jr.

Mailing Address PO Box 16280

City State Zip Code
Fort Worth TX 76162-0280

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

Name of Employer Gastroenterology Associates
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2007

Transaction ID: A-C8560

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)
Barclay E. Berdan

Mailing Address 3639 Encanto Drive

City State Zip Code
Fort Worth TX 76109-3545

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

Name of Employer Texas Health Research
Occupation Health Care Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: A-C8575

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)
Jaime Ronderos

Mailing Address 6024 Pedernales Ridge

City State Zip Code
North Richland Hil TX 76180-0203

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

Name of Employer Pinnacle Anesthesiology
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: A-C8576

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) ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 121
	<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)
Michael Burgess for Congress

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

Mailing Address 5905 End O Trail

City State Zip Code
Fort Worth TX 76112-1007

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

Name of Employer Lee Goodman Investments Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2007

Transaction ID: A-C8577

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)
Joe E. Sharp

Mailing Address PO Box 1299

City State Zip Code
Bedford TX 76095

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

Name of Employer First National Bank Occupation Banker

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
09 / 09 / 2007

Transaction ID: A-C8580

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)
Daniel R. Feehan

Mailing Address 1600 West 7th Street

City State Zip Code
Fort Worth TX 76102-2504

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

Name of Employer Cash America International Occupation Director

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
09 / 12 / 2007

Transaction ID: A-C8582

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Charles L. Geren		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007	
Mailing Address P.O. Box 1440		Transaction ID: A-C8583	
City State Zip Code Fort Worth TX 76101-1440	Amount of Each Receipt this Period 1000.00		
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 State of Texas Occupation State Representative Dist. 99	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Albon O. Head, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007	
Mailing Address 301 Commerce Street Suite 2400		Transaction ID: A-C8581	
City State Zip Code Fort Worth TX 76102-4124	Amount of Each Receipt this Period 250.00		
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 Jackson Walker, LLP Occupation Attorney	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Charles Shewmake		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007	
Mailing Address 3724 Clarke Avenue		Transaction ID: A-C8584	
City State Zip Code Fort Worth TX 76107-2634	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 BNSF Railways Occupation Associate Vice President	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 121
	<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)
Michael Burgess for Congress

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

Mailing Address PO Box 8720

City State Zip Code
Fort Worth TX 76124-0720

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

Name of Employer Occupation
The Sweeney Company Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: A-C8596

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)
Patrick J. Moran

Mailing Address 2803 Sackett Street

City State Zip Code
Houston TX 77098-1125

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2007

Transaction ID: A-C8597

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Peter J. Rose

Mailing Address 409 Hanover Street

City State Zip Code
Fredericksburg VA 22401-5936

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2007

Transaction ID: A-C8682

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)	3550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Ryan A. Henry		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 85057 Minda Court		Transaction ID: A-C8594
City State Zip Code Alexandria VA 22304-7772	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 The National Group, LLP Counsel	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Profanchik		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 3301 Swanson Drive		Transaction ID: A-C8592
City State Zip Code Plano TX 75025-5364	Amount of Each Receipt this Period 1000.00	
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 Conversant Technologies Telecommunications	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vincent M. Versage		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 818 Connecticut Avenue NW Suite 1100		Transaction ID: A-C8593
City State Zip Code Washington DC 20006-2702	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 The National Group, LLP Partner	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. James W. Hawkins, III		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 2604 N Nelson Street		Transaction ID: A-C8694
City Arlington	State VA	Zip Code 22207-5032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Alpine Group	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dean A. Rosen		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 139 11th Street NE		Transaction ID: A-C8695
City Washington	State DC	Zip Code 20002-6243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Mehlman Vogel Castagnetti, Inc.	Occupation Associate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Stephen W. Colovas		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 1530 Key Boulevard Apt. 523		Transaction ID: A-C8721
City Arlington	State VA	Zip Code 22209-1537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Congressional Solutions, Inc	Occupation Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	3020.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Raymond L. Crawford, Jr.

Mailing Address 2041 Sierra Place

City Lewisville State TX Zip Code 75077-7535

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

Name of Employer Northwestern Mutual Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: A-C8723

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
Dirksen J. Lehman

Mailing Address 5025 34th Road N

City Arlington State VA Zip Code 22207-2811

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

Name of Employer Clark & Weinstöck Occupation Attorney

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
09 / 30 / 2007

Transaction ID: A-C8732

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)
Glenn LeMunyon

Mailing Address 233 Pennsylvania Avenue SE Suite 300

City Washington State DC Zip Code 20003-1121

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

Name of Employer LeMunyon Group Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 652.12

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: A-I8734

Amount of Each Receipt this Period
652.12

Inkind: Facility Rental & Catering
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2172.12

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 121	
	(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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Terry Widmer

Mailing Address 8949 David Fort Road

City State Zip Code
Argyle TX 76226-2950

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

Name of Employer Self-Employed Occupation
Registered Nurse

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

2320.00

Date of Receipt

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

Transaction ID: A-C8726

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	33062.12

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee (RPAC)

Mailing Address 700 11th Street NW

City Washington State DC Zip Code 20001-4507

FEC ID number of contributing federal political committee. **C** C00030718

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 Y
07 / 01 / 2007

Transaction ID: A-C8306

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)
Eli Lilly and Co. PAC

Mailing Address 555 12th Street NW Suite 650

City Washington State DC Zip Code 20004-1209

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

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 Y
07 / 18 / 2007

Transaction ID: A-C8314

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)
National Association of Spine Specialists (SPINE PAC)

Mailing Address 22 Calendar Avenue Floor 2

City La Grange State IL Zip Code 60525-2373

FEC ID number of contributing federal political committee. **C** C00349225

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2007

Transaction ID: A-C8316

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) ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 121
	<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)
Michael Burgess for Congress

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

Mailing Address Two Liberty Place
1601 Chesnut Street

City Philadelphia State PA Zip Code 19192

FEC ID number of contributing federal political committee. **C** C00085316

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
07 / 25 / 2007

Transaction ID: A-C8312

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)
Entergy Corporation PAC (ENPAC)

Mailing Address 919 Congress Avenue
Suite 740

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00363879

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
08 / 01 / 2007

Transaction ID: A-C8425

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)
Bass Brothers Enterprises PAC

Mailing Address 201 Main Street
Suite 2500

City Fort Worth State TX Zip Code 76102-3129

FEC ID number of contributing federal political committee. **C** C00172635

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2007

Transaction ID: A-C8529

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)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Independent Bankers Association of Texas PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 1700 Rio Grande Street Suite 100		Transaction ID: A-C8530
City Austin State TX Zip Code 78701-1683	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00332841		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Chris Harris Campaign Fund		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 1309 W. Abram Street		Transaction ID: A-C8539
City Arlington State TX Zip Code 76013-1704	Amount of Each Receipt this Period 250.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. ConocoPhillips Spirit PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 1400B Plaza Office Building		Transaction ID: A-C8538
City Bartlesville State OK Zip Code 74004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00112896		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Gary Fickes Campaign		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2875 Exchange Boulevard		Transaction ID: A-C8543
City State Zip Code Southlake TX 76092-9130	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		State Contribution <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. American Surgical Hospital Association, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address 910 East 20th Street		Transaction ID: A-C8573
City State Zip Code Sioux Falls SD 57105-1012	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00394163		State Contribution <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Truitt for District 98		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 886		Transaction ID: A-C8563
City State Zip Code Keller TX 76244	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		State Contribution <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 25 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Verizon Communications Good Government Club PAC

Mailing Address 1717 Arch Street
23-S

City Philadelphia State PA Zip Code 19103-2713

FEC ID number of contributing federal political committee. **C** C00025163

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2007

Transaction ID: A-C8561

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
American Health Quality Association (AHQA-PAC)

Mailing Address 1155 21st Street NW
Suite 202

City Washington State DC Zip Code 20036-3342

FEC ID number of contributing federal political committee. **C** C00370213

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
 09 / 04 / 2007

Transaction ID: A-C8562

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)
AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999-0001

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

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
 09 / 06 / 2007

Transaction ID: A-C8602

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. The Premier Inc. Employees' Civic Action Fund		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2007
Mailing Address 444 North Capitol Street, NW Suite 625		Transaction ID: A-C8574
City Washington State DC Zip Code 20001-1581	FEC ID number of contributing federal political committee. C C00346288	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Airlines PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007
Mailing Address 1101 17th Street NW Suite 600		Transaction ID: A-C8607
City Washington State DC Zip Code 20036-4718	FEC ID number of contributing federal political committee. C C00107300	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. Walgreen Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2007
Mailing Address 104 Wilmot Road Suite 1444		Transaction ID: A-C8604
City Deerfield State IL Zip Code 60015-5121	FEC ID number of contributing federal political committee. C C00160770	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Wellpoint Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007	
Mailing Address 120 Monument Circle		Transaction ID: A-C8599	
City State Zip Code Indianapolis IN 46204-4906	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00197228		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Cash America International Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 1600 W 7th Street		Transaction ID: A-C8586	
City State Zip Code Fort Worth TX 76102-2500	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00275529		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Genzyme Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 1020 19th Street, NW Suite 550		Transaction ID: A-C8598	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00393736		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Johnson and Johnson Employees' Good Government Fund		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address 1350 I Street NW		Transaction ID: A-C8606
City Washington State DC Zip Code 20005-3305	FEC ID number of contributing federal political committee. C C00010983	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) B. American Bus Association (BUSPAC)		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 1100 New York Avenue NW Suite 1050		Transaction ID: A-C8603
City Washington State DC Zip Code 20005-3934	FEC ID number of contributing federal political committee. C C00004879	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. TimeWarner, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 800 Connecticut Avenue NW Suite 1200		Transaction ID: A-C8601
City Washington State DC Zip Code 20006-2709	FEC ID number of contributing federal political committee. C C00339291	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
Election Cycle-to-Date ▼ 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 29 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Burlington Northern Santa Fe PAC

Mailing Address 700 13th Street NW
Suite 220

City State Zip Code
Washington DC 20005-5915

FEC ID number of contributing federal political committee. **C** C00235739

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
0	9	/	1	9	/	2	0	0	7

Transaction ID: A-C8605

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)
Raytheon Company PAC

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209-2270

FEC ID number of contributing federal political committee. **C** C00097568

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
0	9	/	2	0	/	2	0	0	7

Transaction ID: A-C8600

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)
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City State Zip Code
Mclean VA 22102-5116

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

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
0	9	/	2	2	/	2	0	0	7

Transaction ID: A-C8683

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 121
	<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Koch Industries PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 7
Mailing Address 655 15th Street NW Suite 445		Transaction ID: A-C8684
City Washington State DC Zip Code 20005-5727	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00236489		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Academy of Compounding Pharmacists PAC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 1365		Transaction ID: A-C8595
City Sugar Land State TX Zip Code 77487-1365	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00424143		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Electric Delivery PAC of TXU Corporation		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 500 N. Akard Street Suite 12-045		Transaction ID: A-C8686
City Dallas State TX Zip Code 75201	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00255992		<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 ▼ 7500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 121
	<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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) National Cable & Telecommunications PAC Mailing Address 25 Massachusetts Avenue, NW Suite 100 City Washington State DC Zip Code 20001-1434 FEC ID number of contributing federal political committee. C C00010082 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7 Transaction ID: A-C8697 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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B. Full Name (Last, First, Middle Initial) The Society of Thoracic Surgeons (STS PAC) Mailing Address 2025 M Street NW Suite 800 City Washington State DC Zip Code 20036-3309 FEC ID number of contributing federal political committee. C C00325936 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7 Transaction ID: A-C8685 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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C. Full Name (Last, First, Middle Initial) College of American Pathologists (PATH PAC) Mailing Address 1350 I Street NW Suite 590 City Washington State DC Zip Code 20005-3305 FEC ID number of contributing federal political committee. C C00274944 Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7 Transaction ID: A-C8701 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
OmniAmerican Credit Union PAC

Mailing Address P.O. Box 150099

City State Zip Code
Fort Worth TX 76108

FEC ID number of contributing federal political committee. **C** C00385161

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: A-C8688

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)
SuddenLink PAC

Mailing Address 12444 Powerscourt Drive

City State Zip Code
Des Peres MO 63131-3660

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 ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: A-C8687

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)
Textron Inc. PAC

Mailing Address 1101 Pennsylvania Avenue NW
Suite 400

City State Zip Code
Washington DC 20004-2514

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: A-C8689

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) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial)
A. American Association of Nurse Anesthetists (CRNA PAC)
 Mailing Address 412 1st Street SE
Suite 12
 City State Zip Code
Washington DC 20003-1804
 FEC ID number of contributing federal political committee. **C** C00173153
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007
Transaction ID: A-C8690
 Amount of Each Receipt this Period
1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. Build PAC of the National Association of Home Builders
 Mailing Address 1201 15th Street NW
 City State Zip Code
Washington DC 20005-2842
 FEC ID number of contributing federal political committee. **C** C00000901
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007
Transaction ID: A-C8691
 Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. Build PAC of the National Association of Home Builders
 Mailing Address 1201 15th Street NW
 City State Zip Code
Washington DC 20005-2842
 FEC ID number of contributing federal political committee. **C** C00000901
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2007
Transaction ID: A-C8692
 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) ► **3500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
National Multi Housing Council (NMHC PAC)
Mailing Address 1850 M Street, NW
Suite 540
City Washington State DC Zip Code 20036-5816
FEC ID number of contributing federal political committee. **C** C00130773
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007
Transaction ID: A-C8693
Amount of Each Receipt this Period
5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pfizer Corporation Employees Political Action Committee
Mailing Address 1455 F Street NW
Suite 550
City Washington State DC Zip Code 20004-1009
FEC ID number of contributing federal political committee. **C** C00016683
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 Y
09 / 27 / 2007
Transaction ID: A-C8699
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)
American Health Care Association PAC
Mailing Address 1201 L Street, NW
City Washington State DC Zip Code 20005-4024
FEC ID number of contributing federal political committee. **C** C00006080
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
09 / 28 / 2007
Transaction ID: A-C8696
Amount of Each Receipt this Period
2000.00
 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 121
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Associated Builders and Contractors (ABC PAC)
Mailing Address 1300 17th Street N.
Eighth Floor
City State Zip Code
Rosslyn VA 22209-3801
FEC ID number of contributing federal political committee. **C** C00010421
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
09 / 28 / 2007
Transaction ID: A-C8704
Amount of Each Receipt this Period
3500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AstraZeneca Pharmaceuticals LP (AZ PAC)
Mailing Address 701 Pennsylvania Avenue, NW
Suite 500
City State Zip Code
Washington DC 20004-2624
FEC ID number of contributing federal political committee. **C** C00279455
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 Y
09 / 28 / 2007
Transaction ID: A-C8698
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)
Carter & Burgess, Inc. Federal Political Committee
Mailing Address PO Box 901058
City State Zip Code
Fort Worth TX 76101-2058
FEC ID number of contributing federal political committee. **C** C00385757
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
09 / 28 / 2007
Transaction ID: A-C8703
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) ► **5000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
National Association of Health Underwriters PAC (HUPAC)

Mailing Address 2000 14th Street N
Suite 450

City State Zip Code
Arlington VA 22201-2573

FEC ID number of contributing federal political committee. **C** C00283135

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
09 / 28 / 2007

Transaction ID: A-C8700

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)
Schering-Plough Corporation Better Government Fund

Mailing Address 1130 Connecticut Avenue NW
Suite 500

City State Zip Code
Washington DC 20036-3980

FEC ID number of contributing federal political committee. **C** C00108290

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
09 / 30 / 2007

Transaction ID: A-C8733

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)	3500.00
TOTAL This Period (last page this line number only)	7600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial)
Robert Sherman

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202-2334

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

Name of Employer Self-Employed Occupation
Rental Properties/ Publisher

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

700.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2007

Transaction ID: A-O8405

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Republican Party of Texas

Mailing Address 900 Congress Avenue Suite 300

City State Zip Code
Austin TX 78701

FEC ID number of contributing federal political committee. **C** C00143743

Name of Employer Occupation

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

50.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2007

Transaction ID: A-O8501

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE 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)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8330 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 23.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8334 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 251.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Office Depot Full Name (Last, First, Middle Initial) Mailing Address 2300 San Jacinto Boulevard City Denton State TX Zip Code 76205-7532 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8331 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 35.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	310.68
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B-E-8332 Date of Disbursement 07 / 02 / 2007
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 157.49
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Bogart Associates, Inc.		Transaction ID: B-E-8273 Date of Disbursement 07 / 05 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1413.33
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. CardService International		Transaction ID: B-E-8338 Date of Disbursement 07 / 05 / 2007
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 38.56
City Simi Valley State CA Zip Code 93062-5180	Purpose of Disbursement E-Merchant Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1609.38
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. First State Bank		Transaction ID: B-E-8271 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 400 West Oak Street Suite 103		Amount of Each Disbursement this Period 800.00
City Denton State TX Zip Code 76201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Rent	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Talent PayMaster, Inc.		Transaction ID: B-E-8272 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 1250.00
City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bookkeeping Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B-E-8274 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 36.61
City Lehigh Valley State PA Zip Code 18002-5505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cellular Phone Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2086.61
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. U.S. House Gift Shop		Transaction ID: B-E-8339 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2007
Mailing Address B-217 Longworth Bldg.		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
City Washington State DC Zip Code 20515	001 Category/ Type	
Purpose of Disbursement Campaign Mementos Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8345 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 39.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-7532	001 Category/ Type	
Purpose of Disbursement General Office Supplies Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-8346 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 42.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-7532	001 Category/ Type	
Purpose of Disbursement General Office Supplies Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	128.27
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)
Michael Burgess for Congress

<p>A. Office Depot</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2300 San Jacinto Boulevard</p>		<p>Transaction ID: B-E-8349 Date of Disbursement 07 / 09 / 2007</p>
<p>City Denton State TX Zip Code 76205-7532</p>	<p>Amount of Each Disbursement this Period 162.36</p>	
<p>Purpose of Disbursement: General Office Supplies Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Target</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 907 W Mcdermott Drive</p>		<p>Transaction ID: B-E-8347 Date of Disbursement 07 / 09 / 2007</p>
<p>City Allen State TX Zip Code 75013-6503</p>	<p>Amount of Each Disbursement this Period 53.11</p>	
<p>Purpose of Disbursement: General Office Supplies Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 101 E Mckinney Street</p>		<p>Transaction ID: B-E-8348 Date of Disbursement 07 / 09 / 2007</p>
<p>City Denton State TX Zip Code 76201-4277</p>	<p>Amount of Each Disbursement this Period 82.00</p>	
<p>Purpose of Disbursement: Postage Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>297.47</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Athletic World Advertising		Transaction ID: B-E-8292	
Mailing Address 3340 North College Avenue P.O. Box 8730		Date of Disbursement 07 / 10 / 2007	
City Fayetteville	State AR	Zip Code 72703	Amount of Each Disbursement this Period 489.99
Purpose of Disbursement Advertising	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 004	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: B-E-8350	
Mailing Address PO Box 1140		Date of Disbursement 07 / 10 / 2007	
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 23.32
Purpose of Disbursement Express Mail	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 001	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8351	
Mailing Address PO Box 1140		Date of Disbursement 07 / 10 / 2007	
City Memphis	State TN	Zip Code 38101-1140	Amount of Each Disbursement this Period 25.82
Purpose of Disbursement Express Mail	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	539.13
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Lilly & Company, LLC		Transaction ID: B-E-8288 Date of Disbursement 07 / 10 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 8731.03
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE MEMO ITEMS Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lilly & Company, LLC		Transaction ID: B-S-35 Date of Disbursement 07 / 10 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 2500.00
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Lilly & Company, LLC(07/10/07)

Full Name (Last, First, Middle Initial) C. Lilly & Company, LLC		Transaction ID: B-S-36 Date of Disbursement 07 / 10 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 3961.80
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing, Catering, & Mileage Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Lilly & Company, LLC(07/10/07)

SUBTOTAL of Disbursements This Page (optional) ▶	8731.03
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) Lilly & Company, LLC		Transaction ID: B-S-37 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 1507.78
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing & Mileage	Candidate Name	[MEMO ITEM] Subitemization of Lilly & Company, LLC(07/10/07)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Lilly & Company, LLC		Transaction ID: B-S-38 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 723.18
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	[MEMO ITEM] Subitemization of Lilly & Company, LLC(07/10/07)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Lilly & Company, LLC		Transaction ID: B-S-40 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 38.27
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Courier & Blast Fax	Candidate Name	[MEMO ITEM] Subitemization of Lilly & Company, LLC(07/10/07)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Spaeth Communications		Transaction ID: B-E-8287 Date of Disbursement 07 / 10 / 2007
Mailing Address 3405 Oak Grove Avenue		Amount of Each Disbursement this Period 954.50
City Dallas State TX Zip Code 75204-2332	Purpose of Disbursement GOTV Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: B-E-8290 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 660075		Amount of Each Disbursement this Period 255.59
City Dallas State TX Zip Code 75266-0075	Purpose of Disbursement Cellular Phone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Talent PayMaster, Inc.		Transaction ID: B-E-8293 Date of Disbursement 07 / 10 / 2007
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 1250.00
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Bookkeeping Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2460.09
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 47 / 121

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Southwest		Transaction ID: B-E-8289 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 293.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: B-E-8291 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 7
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 263.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: B-E-8352 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 1800 S Loop 288		Amount of Each Disbursement this Period 107.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205	Purpose of Disbursement Computer Equipment Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	663.45
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: B-E-8353 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 1800 S Loop 288		Amount of Each Disbursement this Period 516.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8354 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 221.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bogart Associates, Inc.		Transaction ID: B-E-8296 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 39.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Courier Service Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	777.28
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8356 Date of Disbursement 07 / 16 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 606.12
City Denton State TX Zip Code 76205-7532	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Talent PayMaster, Inc.		Transaction ID: B-E-8295 Date of Disbursement 07 / 16 / 2007
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 5934.15
City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE MEMO ITEMS	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Talent PayMaster, Inc.		Transaction ID: B-S-43 Date of Disbursement 07 / 16 / 2007
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 705.82
City Bethesda State MD Zip Code 20814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]
Subitemization of Talent PayMaster, Inc.(07/16/07)

SUBTOTAL of Disbursements This Page (optional) ▶	6540.27
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. U.S. House Gift Shop		Transaction ID: B-E-8355 Date of Disbursement 07 / 16 / 2007
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 100.74
City Washington State DC Zip Code 20515	Purpose of Disbursement Campaign Mementos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Taylor Clark		Transaction ID: B-S-41 Date of Disbursement 07 / 16 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 2291.67
City Denton State TX Zip Code 76201	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Talent PayMaster, Inc.(07/16/07)

Full Name (Last, First, Middle Initial) C. Kim J. Garza		Transaction ID: B-S-42 Date of Disbursement 07 / 16 / 2007
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 2936.66
City Dallas State TX Zip Code 75204-8624	Purpose of Disbursement Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Talent PayMaster, Inc.(07/16/07)

SUBTOTAL of Disbursements This Page (optional) ▶	100.74
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)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8357 Date of Disbursement 07 / 17 / 2007 Amount of Each Disbursement this Period 20.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Johnny's Half Shell Full Name (Last, First, Middle Initial) Mailing Address 400 N Capitol Street NW City Washington State DC Zip Code 20001-1511 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8361 Date of Disbursement 07 / 18 / 2007 Amount of Each Disbursement this Period 545.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Office Depot Full Name (Last, First, Middle Initial) Mailing Address 2300 San Jacinto Boulevard City Denton State TX Zip Code 76205-7532 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8360 Date of Disbursement 07 / 18 / 2007 Amount of Each Disbursement this Period 98.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶

664.54

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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Completecampaigns.com		Transaction ID: B-E-8299 Date of Disbursement 07 / 19 / 2007
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 450.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Software Service Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal City Caterers		Transaction ID: B-E-8304 Date of Disbursement 07 / 19 / 2007
Mailing Address 1119 12th Street		Amount of Each Disbursement this Period 2551.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8362 Date of Disbursement 07 / 19 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 14.24
City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Express Mail Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3015.24
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. First State Bank		Transaction ID: B-E-8297 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address 400 West Oak Street Suite 103		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76201		
Purpose of Disbursement Office Rent Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GSF Global		Transaction ID: B-E-8301 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 422.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76207		
Purpose of Disbursement Computer Maintenance Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Grotto		Transaction ID: B-E-8298 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address 2300 Highland Village Road Suite 500		Amount of Each Disbursement this Period 2169.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Highland Village State TX Zip Code 75077-7159		
Purpose of Disbursement Catering Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3391.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. TwentyEast Agency II, LTD		Transaction ID: B-E-8300 Date of Disbursement MM / DD / YYYY 07 / 19 / 2007
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 54.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Web Hosting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Taylor Clark		Transaction ID: B-E-8303 Date of Disbursement MM / DD / YYYY 07 / 19 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 19.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76201	Purpose of Disbursement Reimbursement- Food & Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Container Store		Transaction ID: B-E-8363 Date of Disbursement MM / DD / YYYY 07 / 20 / 2007
Mailing Address 1200 Main Street		Amount of Each Disbursement this Period 19.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southlake State TX Zip Code 76092	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	93.37
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)
Michael Burgess for Congress

A. Container Store Full Name (Last, First, Middle Initial) Mailing Address 1200 Main Street City Southlake State TX Zip Code 76092 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8366 Date of Disbursement 07 / 20 / 2007 Amount of Each Disbursement this Period 447.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. US House Members Dining Room Full Name (Last, First, Middle Initial) Mailing Address US Capitol Building City Washington State DC Zip Code 20515 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8364 Date of Disbursement 07 / 20 / 2007 Amount of Each Disbursement this Period 42.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 660108 City Dallas State TX Zip Code 75266-0108 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8365 Date of Disbursement 07 / 20 / 2007 Amount of Each Disbursement this Period 62.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	552.72
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)
Michael Burgess for Congress

A. CardService International Full Name (Last, First, Middle Initial) Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062-5180 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8380 Date of Disbursement 07 / 23 / 2007 Amount of Each Disbursement this Period 0.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Container Store Full Name (Last, First, Middle Initial) Mailing Address 1200 Main Street City Southlake State TX Zip Code 76092 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8399 Date of Disbursement 07 / 23 / 2007 Amount of Each Disbursement this Period 114.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8395 Date of Disbursement 07 / 23 / 2007 Amount of Each Disbursement this Period 20.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	135.46
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)
Michael Burgess for Congress

A. Container Store Full Name (Last, First, Middle Initial) Mailing Address 1200 Main Street City Southlake State TX Zip Code 76092 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8590 Date of Disbursement 07 / 24 / 2007 Amount of Each Disbursement this Period 99.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 25505 City Lehigh Valley State PA Zip Code 18002-5505 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8309 Date of Disbursement 07 / 24 / 2007 Amount of Each Disbursement this Period 156.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Kim J. Garza Full Name (Last, First, Middle Initial) Mailing Address 2427 Allen Street # 439 City Dallas State TX Zip Code 75204-8624 Purpose of Disbursement SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8308 Date of Disbursement 07 / 24 / 2007 Amount of Each Disbursement this Period 8741.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	8997.57
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)
Michael Burgess for Congress

A. Kim J. Garza Full Name (Last, First, Middle Initial) Mailing Address 2427 Allen Street # 439 City Dallas State TX Zip Code 75204-8624 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-S-44 Date of Disbursement 07 / 24 / 2007 Amount of Each Disbursement this Period 4943.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Kim Garza(07/24/07)
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002

B. Kim J. Garza Full Name (Last, First, Middle Initial) Mailing Address 2427 Allen Street # 439 City Dallas State TX Zip Code 75204-8624 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-S-45 Date of Disbursement 07 / 24 / 2007 Amount of Each Disbursement this Period 3798.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Kim Garza(07/24/07)
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 003

C. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-E-8370 Date of Disbursement 07 / 26 / 2007 Amount of Each Disbursement this Period 185.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	185.49
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8368 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 32.46
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8369 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 117.54
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8372 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 18.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	168.53
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)
Michael Burgess for Congress

<p>A. Full Name (Last, First, Middle Initial) Mi Casita</p> <p>Mailing Address 110 N Carroll Boulevard</p> <p>City Denton State TX Zip Code 76201-9058</p> <p>Purpose of Disbursement Meal Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-8371 Date of Disbursement 07 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 9.07</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) US House Members Dining Room</p> <p>Mailing Address US Capitol Building</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Meal Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-8373 Date of Disbursement 07 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 25.55</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) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Express Mail Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-8375 Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 23.21</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) ►

57.83

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)
Michael Burgess for Congress

A. Hobby Lobby Full Name (Last, First, Middle Initial) Mailing Address 1288 W Main Street City Lewisville State TX Zip Code 75067-3420 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8378 Date of Disbursement 07 / 30 / 2007 Amount of Each Disbursement this Period 43.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Tele Town-Hall Services Full Name (Last, First, Middle Initial) Mailing Address 5101 MacArthur Boulevard, NW Suite 200 City Washington State DC Zip Code 20016-3315 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8311 Date of Disbursement 07 / 30 / 2007 Amount of Each Disbursement this Period 3473.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. US House Members Dining Room Full Name (Last, First, Middle Initial) Mailing Address US Capitol Building City Washington State DC Zip Code 20515 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8374 Date of Disbursement 07 / 30 / 2007 Amount of Each Disbursement this Period 20.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3537.49
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Kim J. Garza		Transaction ID: B-E-8310 Date of Disbursement 07 / 30 / 2007	
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 2926.03	
City Dallas State TX Zip Code 75204-8624	Purpose of Disbursement SEE MEMO ITEMS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kim J. Garza		Transaction ID: B-S-46 Date of Disbursement 07 / 30 / 2007	
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 1418.53	
City Dallas State TX Zip Code 75204-8624	Purpose of Disbursement Reimbursement- Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Kim Garza(07/30/07)	

Full Name (Last, First, Middle Initial) C. Kim J. Garza		Transaction ID: B-S-47 Date of Disbursement 07 / 30 / 2007	
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 1507.50	
City Dallas State TX Zip Code 75204-8624	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Kim Garza(07/30/07)	

SUBTOTAL of Disbursements This Page (optional) ▶	2926.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8441 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 89.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Container Store		Transaction ID: B-E-8445 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 1200 Main Street		Amount of Each Disbursement this Period 197.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southlake State TX Zip Code 76092	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 14.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	301.37
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: B-E-8444 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 29.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chick-Fil-A Catering, Inc.		Transaction ID: B-E-8451 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 233 Peachtree Street, NE		Amount of Each Disbursement this Period 136.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30303	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8447 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 20.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	186.43
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)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8448 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 23.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8450 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 32.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. US House Members Dining Room Full Name (Last, First, Middle Initial) Mailing Address US Capitol Building City Washington State DC Zip Code 20515 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8446 Date of Disbursement 08 / 03 / 2007 Amount of Each Disbursement this Period 18.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	74.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. CardService International Full Name (Last, First, Middle Initial) Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062-5180 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8454 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 49.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8452 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 18.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. United States Mint Full Name (Last, First, Middle Initial) Mailing Address Customer Care Center 801 9th Street, NW City Washington State DC Zip Code 20220 Purpose of Disbursement Campaign Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8453 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 42.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	111.31
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Accurate Word, LLC		Transaction ID: B-E-8391 Date of Disbursement 08 / 07 / 2007	
Mailing Address P.O. Box 1765		Amount of Each Disbursement this Period 253.20	
City White Plains State MD Zip Code 20695	Purpose of Disbursement Printing Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Denton County Republican Party		Transaction ID: B-E-8389 Date of Disbursement 08 / 07 / 2007	
Mailing Address 1400 N Corinth Street Suite 106		Amount of Each Disbursement this Period 5000.00	
City Corinth State TX Zip Code 76208-5444	Purpose of Disbursement Program Expense Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GSF Global		Transaction ID: B-E-8384 Date of Disbursement 08 / 07 / 2007	
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 520.00	
City Denton State TX Zip Code 76207	Purpose of Disbursement Computer Equipment Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5773.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

<p>A. Full Name (Last, First, Middle Initial) Huckaby, Davis & Lisker</p>		<p>Transaction ID: B-E-8390 Date of Disbursement 08 / 07 / 2007</p>
<p>Mailing Address 228 South Washington Street Suite 115</p>		<p>Amount of Each Disbursement this Period 312.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Alexandria State VA Zip Code 22314-5404</p>	<p>Purpose of Disbursement Compliance Consulting Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Full Name (Last, First, Middle Initial) Lilly & Company, LLC</p>		<p>Transaction ID: B-E-8387 Date of Disbursement 08 / 07 / 2007</p>
<p>Mailing Address 1005 Congress Avenue Suite 910</p>		<p>Amount of Each Disbursement this Period 4468.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Austin State TX Zip Code 78701-2467</p>	<p>Purpose of Disbursement SEE MEMO ITEMS Candidate Name</p> <p>Category/Type 003</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Full Name (Last, First, Middle Initial) Lilly & Company, LLC</p>		<p>Transaction ID: B-S-48 Date of Disbursement 08 / 07 / 2007</p>
<p>Mailing Address 1005 Congress Avenue Suite 910</p>		<p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Austin State TX Zip Code 78701-2467</p>	<p>Purpose of Disbursement Fundraising Consulting Candidate Name</p> <p>Category/Type 003</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] Subitemization of Lilly & Company, LLC(08/07/07)</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4780.93</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Lilly & Company, LLC		Transaction ID: B-S-49 Date of Disbursement 08 / 07 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 1968.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701-2467	Purpose of Disbursement Catering & Postage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Lilly & Company, LLC(08/07/07)

Full Name (Last, First, Middle Initial) B. Spaeth Communications		Transaction ID: B-E-8383 Date of Disbursement 08 / 07 / 2007
Mailing Address 3405 Oak Grove Avenue		Amount of Each Disbursement this Period 851.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75204-2332	Purpose of Disbursement GOTV Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Southwest		Transaction ID: B-E-8381 Date of Disbursement 08 / 07 / 2007
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 389.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephone Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1240.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B-E-8382 Date of Disbursement 08 / 07 / 2007	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 194.53	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cellular Phone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Hobby Lobby		Transaction ID: B-E-8457 Date of Disbursement 08 / 08 / 2007	
Mailing Address 1288 W Main Street		Amount of Each Disbursement this Period 84.34	
City Lewisville State TX Zip Code 75067-3420	Purpose of Disbursement Printing Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-8458 Date of Disbursement 08 / 08 / 2007	
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 104.27	
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	383.14
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B-E-8456 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 8.80
City Denton State TX Zip Code 76201-4277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Party of Texas		Transaction ID: B-E-8461 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 900 Congress Avenue Suite 300		Amount of Each Disbursement this Period 125.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Program Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Republican Party of Texas		Transaction ID: B-E-8462 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 900 Congress Avenue Suite 300		Amount of Each Disbursement this Period 125.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Program Expense Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	258.80
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Republican Party of Texas		Transaction ID: B-E-8463 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 900 Congress Avenue Suite 300		Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701	Purpose of Disbursement Program Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Target		Transaction ID: B-E-8460 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 907 W Mcdermott Drive		Amount of Each Disbursement this Period 71.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Allen State TX Zip Code 75013-6503	Purpose of Disbursement General Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B-E-8464 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address Bethesda Main Post Office		Amount of Each Disbursement this Period 163.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethesda State MD Zip Code 20814-9998	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	359.98
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: B-E-8401 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 4209.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meal Expenses & Catering Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: B-E-8466 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 28.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hobby Lobby		Transaction ID: B-E-8467 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 1288 W Main Street		Amount of Each Disbursement this Period 148.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lewisville State TX Zip Code 75067-3420	Purpose of Disbursement Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4385.29
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)
Michael Burgess for Congress

A. Michael C. Burgess Full Name (Last, First, Middle Initial) Michael C. Burgess Mailing Address 106 Highland Lake Drive City Highland Village State TX Zip Code 75077-6736 Purpose of Disbursement Mileage & Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8400 Date of Disbursement 08 / 10 / 2007 Amount of Each Disbursement this Period 503.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Bogart Associates, Inc. Full Name (Last, First, Middle Initial) Bogart Associates, Inc. Mailing Address 1200 Trinity Drive City Alexandria State VA Zip Code 22314 Purpose of Disbursement SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8402 Date of Disbursement 08 / 13 / 2007 Amount of Each Disbursement this Period 12643.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Bogart Associates, Inc. Full Name (Last, First, Middle Initial) Bogart Associates, Inc. Mailing Address 1200 Trinity Drive City Alexandria State VA Zip Code 22314 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-50 Date of Disbursement 08 / 13 / 2007 Amount of Each Disbursement this Period 12630.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Bogart Associates, Inc.(08/13/07)
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SUBTOTAL of Disbursements This Page (optional) ▶	13147.55
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)
Michael Burgess for Congress

A. Bogart Associates, Inc.

Full Name (Last, First, Middle Initial)
Bogart Associates, Inc.

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Courier Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-51
Date of Disbursement
08 / 13 / 2007

Amount of Each Disbursement this Period
13.66

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

[MEMO ITEM]
Subitemization of Bogart Associates, Inc.(08/13/07)

B. First State Bank

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

Mailing Address 400 West Oak Street Suite 103

City Denton State TX Zip Code 76201

Purpose of Disbursement Office Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-8403
Date of Disbursement
08 / 13 / 2007

Amount of Each Disbursement this Period
800.00

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

C. Monticello Spring Water Co.

Full Name (Last, First, Middle Initial)
Monticello Spring Water Co.

Mailing Address 3300 W. 5th Street

City Fort Worth State TX Zip Code 76107

Purpose of Disbursement Beverages

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-8410
Date of Disbursement
08 / 15 / 2007

Amount of Each Disbursement this Period
512.56

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

SUBTOTAL of Disbursements This Page (optional) ►

1312.56

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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Republican Party of Texas		Transaction ID: B-E-8407 Date of Disbursement 08 / 15 / 2007
Mailing Address 900 Congress Avenue Suite 300		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701	Purpose of Disbursement Advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. San Bay Studio, Inc.		Transaction ID: B-E-8409 Date of Disbursement 08 / 15 / 2007
Mailing Address 1427 Oakland		Amount of Each Disbursement this Period 4519.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76201	Purpose of Disbursement Campaign Mementos Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: B-E-8470 Date of Disbursement 08 / 15 / 2007
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 236.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235-1908	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7256.24
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: B-E-8471 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 2702 Love Field Drive		Amount of Each Disbursement this Period 236.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235-1908		
Purpose of Disbursement Airfare Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Mint		Transaction ID: B-E-8472 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address Customer Care Center 801 9th Street, NW		Amount of Each Disbursement this Period 376.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20220		
Purpose of Disbursement Campaign Mementos Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. University of North Texas - Department of Athletics		Transaction ID: B-E-8406 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 311397		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76203		
Purpose of Disbursement Program Expense Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2613.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Taylor Clark		Transaction ID: B-E-8408 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 65.32
City Denton State TX Zip Code 76201	Purpose of Disbursement Reimbursement- Mileage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: B-E-8474 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 18.62
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Talent PayMaster, Inc.		Transaction ID: B-E-8411 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 1250.00
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Bookkeeping Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1333.94
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates, Inc.		Transaction ID: B-E-8417 Date of Disbursement 08 / 17 / 2007
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 17.25
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mi Casita		Transaction ID: B-E-8416 Date of Disbursement 08 / 17 / 2007
Mailing Address 110 N Carroll Boulevard		Amount of Each Disbursement this Period 472.00
City Denton State TX Zip Code 76201-9058	Purpose of Disbursement Catering Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-8476 Date of Disbursement 08 / 17 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 141.04
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	630.29
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)
Michael Burgess for Congress

A. Public Identity, Inc. Full Name (Last, First, Middle Initial) Mailing Address 1220 S Boyle Avenue City Los Angeles State CA Zip Code 90023-2602 Purpose of Disbursement Campaign Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8415 Date of Disbursement 08 / 17 / 2007 Amount of Each Disbursement this Period 1101.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Red White and Blue Extravaganza Full Name (Last, First, Middle Initial) Mailing Address 6662 St. Andrews Road City Fort Worth State TX Zip Code 76132 Purpose of Disbursement Program Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8412 Date of Disbursement 08 / 17 / 2007 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
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C. Taylor Clark Full Name (Last, First, Middle Initial) Mailing Address 2100 Spencer Road #810 City Denton State TX Zip Code 76201 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8418 Date of Disbursement 08 / 17 / 2007 Amount of Each Disbursement this Period 89.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1440.44
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: B-E-8480 Date of Disbursement 08 / 20 / 2007	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 20.69	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8478 Date of Disbursement 08 / 20 / 2007	
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 11.01	
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-8483 Date of Disbursement 08 / 20 / 2007	
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 165.16	
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	196.86
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)
Michael Burgess for Congress

A. Target Full Name (Last, First, Middle Initial) Mailing Address 907 W Mcdermott Drive City Allen State TX Zip Code 75013-6503 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8481 Date of Disbursement 08 / 20 / 2007 Amount of Each Disbursement this Period 21.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. U.S. House Gift Shop Full Name (Last, First, Middle Initial) Mailing Address B-217 Longworth Bldg. City Washington State DC Zip Code 20515 Purpose of Disbursement Campaign Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8482 Date of Disbursement 08 / 20 / 2007 Amount of Each Disbursement this Period 56.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-8488 Date of Disbursement 08 / 21 / 2007 Amount of Each Disbursement this Period 18.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	96.29
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: B-E-8489 Date of Disbursement 08 / 21 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 29.58
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mi Casita		Transaction ID: B-E-8484 Date of Disbursement 08 / 21 / 2007
Mailing Address 110 N Carroll Boulevard		Amount of Each Disbursement this Period 6.38
City Denton State TX Zip Code 76201-9058	Purpose of Disbursement Meal Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Target		Transaction ID: B-E-8490 Date of Disbursement 08 / 21 / 2007
Mailing Address 907 W Mcdermott Drive		Amount of Each Disbursement this Period 60.05
City Allen State TX Zip Code 75013-6503	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	96.01
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B-E-8485 Date of Disbursement 08 / 21 / 2007
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 7.35
City Denton State TX Zip Code 76201-4277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B-E-8487 Date of Disbursement 08 / 21 / 2007
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 15.41
City Denton State TX Zip Code 76201-4277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: B-E-8494 Date of Disbursement 08 / 22 / 2007
Mailing Address 1800 S Loop 288		Amount of Each Disbursement this Period 995.00
City Denton State TX Zip Code 76205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Office Equipment Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1017.76
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8493 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 68.60
City State Zip Code Denton TX 76205-7532	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Container Store		Transaction ID: B-E-8495 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 1200 Main Street		Amount of Each Disbursement this Period 120.01
City State Zip Code Southlake TX 76092	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B-E-8496 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 1.31
City State Zip Code Denton TX 76201-4277	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	189.92
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B-E-8497 Date of Disbursement 08 / 27 / 2007
Mailing Address 101 E McKinney Street		Amount of Each Disbursement this Period 13.80
City Denton State TX Zip Code 76201-4277	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Cooper's Copies & Printing		Transaction ID: B-E-8431 Date of Disbursement 08 / 28 / 2007
Mailing Address 1024 Dallas Drive		Amount of Each Disbursement this Period 377.79
City Denton State TX Zip Code 76205-5278	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8500 Date of Disbursement 08 / 28 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 29.96
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	421.55
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Lilly & Company, LLC		Transaction ID: B-E-8429 Date of Disbursement 08 / 28 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 5354.51
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE MEMO ITEMS	Candidate Name	003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lilly & Company, LLC		Transaction ID: B-S-52 Date of Disbursement 08 / 28 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 2500.00
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting	Candidate Name	003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Lilly & Company, LLC(08/28/07)

Full Name (Last, First, Middle Initial) C. Lilly & Company, LLC		Transaction ID: B-S-53 Date of Disbursement 08 / 28 / 2007
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 2854.51
City Austin State TX Zip Code 78701-2467	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing	Candidate Name	003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Lilly & Company, LLC(08/28/07)

SUBTOTAL of Disbursements This Page (optional) ▶	5354.51
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

<p>A. Public Identity, Inc.</p> <p>Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p>		<p>Transaction ID: B-E-8430</p> <p>Date of Disbursement 08 / 28 / 2007</p>
<p>Mailing Address 1220 S Boyle Avenue</p>		<p>Amount of Each Disbursement this Period 751.82</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Los Angeles State CA Zip Code 90023-2602</p>	<p>Purpose of Disbursement Campaign Mementos Candidate Name</p> <p>Category/Type 003</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Talent PayMaster, Inc.</p> <p>Full Name (Last, First, Middle Initial) Talent PayMaster, Inc.</p>		<p>Transaction ID: B-E-8438</p> <p>Date of Disbursement 08 / 28 / 2007</p>
<p>Mailing Address 7315 Wisconsin Avenue Suite 705 East</p>		<p>Amount of Each Disbursement this Period 5697.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Bethesda State MD Zip Code 20814</p>	<p>Purpose of Disbursement SEE MEMO ITEMS Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Talent PayMaster, Inc.</p> <p>Full Name (Last, First, Middle Initial) Talent PayMaster, Inc.</p>		<p>Transaction ID: B-S-56</p> <p>Date of Disbursement 08 / 28 / 2007</p>
<p>Mailing Address 7315 Wisconsin Avenue Suite 705 East</p>		<p>Amount of Each Disbursement this Period 677.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Bethesda State MD Zip Code 20814</p>	<p>Purpose of Disbursement Payroll Taxes & Fees Candidate Name</p> <p>Category/Type 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] Subitemization of Talent PayMaster, Inc.(08/28/07)</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6449.52</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Tin Spirits LLC		Transaction ID: B-E-8428 Date of Disbursement 08 / 28 / 2007	
Mailing Address 814 S Main Street		Amount of Each Disbursement this Period 1426.20	
City Grapevine State TX Zip Code 76051-5534	Purpose of Disbursement Catering Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TwentyEast Agency II, LTD		Transaction ID: B-E-8436 Date of Disbursement 08 / 28 / 2007	
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 1704.94	
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Website Development Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B-E-8437 Date of Disbursement 08 / 28 / 2007	
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 1028.10	
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement Cellular Phone Service Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4159.24
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Michael C. Burgess		Transaction ID: B-E-8439 Date of Disbursement 08 / 28 / 2007
Mailing Address 106 Highland Lake Drive		Amount of Each Disbursement this Period 77.07
City Highland Village State TX Zip Code 75077-6736	Purpose of Disbursement Reimbursement- Mileage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Taylor Clark		Transaction ID: B-E-8435 Date of Disbursement 08 / 28 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 167.05
City Denton State TX Zip Code 76201	Purpose of Disbursement Mileage & Office Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Taylor Clark		Transaction ID: B-S-55 Date of Disbursement 08 / 28 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 2083.34
City Denton State TX Zip Code 76201	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Talent PayMaster, Inc.(08/28/07)

SUBTOTAL of Disbursements This Page (optional) ▶	244.12
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)
Michael Burgess for Congress

A. Full Name (Last, First, Middle Initial) Kim J. Garza		Transaction ID: B-E-8434 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 329.74
City Dallas State TX Zip Code 75204-8624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement- Cell Phone Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Kim J. Garza		Transaction ID: B-S-54 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 2936.66
City Dallas State TX Zip Code 75204-8624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Talent PayMaster, Inc.(08/28/07)

C. Full Name (Last, First, Middle Initial) Hobby Lobby		Transaction ID: B-E-8502 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 1288 W Main Street		Amount of Each Disbursement this Period 11.86
City Lewisville State TX Zip Code 75067-3420	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	341.60
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8504 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 201.90
City Denton State TX Zip Code 76205-7532	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: B-E-8503 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 64.92
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cellular Phone Service	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hannah's		Transaction ID: B-E-8509 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 209B West Hickory		Amount of Each Disbursement this Period 86.69
City Denton State TX Zip Code 76201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal Expense	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	353.51
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B-E-8507 Date of Disbursement 08 / 30 / 2007
Mailing Address 101 E McKinney Street		Amount of Each Disbursement this Period 13.80
City Denton State TX Zip Code 76201-4277	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: B-E-8510 Date of Disbursement 08 / 30 / 2007
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 270.61
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: B-E-8620 Date of Disbursement 09 / 04 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 11.23
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	295.64
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)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8622 Date of Disbursement 09 / 04 / 2007 Amount of Each Disbursement this Period 23.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Navel Air Station News Full Name (Last, First, Middle Initial) Mailing Address 2701 Lynnwood Drive #153 City Arlington State TX Zip Code 76013 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8515 Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 380.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Public Identity, Inc. Full Name (Last, First, Middle Initial) Mailing Address 1220 S Boyle Avenue City Los Angeles State CA Zip Code 90023-2602 Purpose of Disbursement Campaign Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8516 Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 615.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1018.53
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)
Michael Burgess for Congress

<p>A. Sprint</p> <p>Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 660075</p> <p>City Dallas State TX Zip Code 75266-0075</p> <p>Purpose of Disbursement Cellular Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-8517</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="537.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. Taylor Clark</p> <p>Full Name (Last, First, Middle Initial) Taylor Clark</p> <p>Mailing Address 2100 Spencer Road #810</p> <p>City Denton State TX Zip Code 76201</p> <p>Purpose of Disbursement Reimbursement- Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-8514</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.13"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>C. Office Depot</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 2300 San Jacinto Boulevard</p> <p>City Denton State TX Zip Code 76205-7532</p> <p>Purpose of Disbursement Computer Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-8625</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="974.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1531.77"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. CardService International Full Name (Last, First, Middle Initial) Mailing Address PO Box 5180 City Simi Valley State CA Zip Code 93062-5180 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8674 Date of Disbursement 09 / 07 / 2007 Amount of Each Disbursement this Period 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Bogart Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 1200 Trinity Drive City Alexandria State VA Zip Code 22314 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8550 Date of Disbursement 09 / 10 / 2007 Amount of Each Disbursement this Period 178.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Completecampaigns.com Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Software Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8551 Date of Disbursement 09 / 10 / 2007 Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1128.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Denton Florist		Transaction ID: B-E-8673 Date of Disbursement 09 / 10 / 2007	
Mailing Address 101 N Elm Street Suite 100		Amount of Each Disbursement this Period 64.84	
City Denton State TX Zip Code 76201-4178	Purpose of Disbursement Floral Arrangements Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: B-E-8629 Date of Disbursement 09 / 10 / 2007	
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 18.70	
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GSF Global		Transaction ID: B-E-8675 Date of Disbursement 09 / 10 / 2007	
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 700.00	
City Denton State TX Zip Code 76207	Purpose of Disbursement Computer & Telephone Repair Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	783.54
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-E-8628 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 995.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement Computer Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Public Identity, Inc.		Transaction ID: B-E-8547 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 1220 S Boyle Avenue		Amount of Each Disbursement this Period 741.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90023-2602	Purpose of Disbursement Campaign Mementos Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Spaeth Communications		Transaction ID: B-E-8552 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 3405 Oak Grove Avenue		Amount of Each Disbursement this Period 852.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75204-2332	Purpose of Disbursement GOTV Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2588.03
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Talent PayMaster, Inc.		Transaction ID: B-E-8553 Date of Disbursement 09 / 10 / 2007
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Amount of Each Disbursement this Period 1250.00
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Bookkeeping Consulting Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: B-E-8546 Date of Disbursement 09 / 10 / 2007
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 180.47
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Taylor Clark		Transaction ID: B-E-8544 Date of Disbursement 09 / 10 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 67.96
City Denton State TX Zip Code 76201	Purpose of Disbursement Reimbursement- Mileage Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1498.43
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Kim J. Garza Full Name (Last, First, Middle Initial)		Transaction ID: B-E-8545 Date of Disbursement 09 / 10 / 2007
Mailing Address 2427 Allen Street # 439		Amount of Each Disbursement this Period 2300.00
City Dallas State TX Zip Code 75204-8624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement- Catering Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. GSF Global Full Name (Last, First, Middle Initial)		Transaction ID: B-E-8676 Date of Disbursement 09 / 11 / 2007
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 300.00
City Denton State TX Zip Code 76207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer & Telephone Repair Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. GSF Global Full Name (Last, First, Middle Initial)		Transaction ID: B-E-8677 Date of Disbursement 09 / 11 / 2007
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 577.34
City Denton State TX Zip Code 76207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer & Telephone Repair Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3177.34
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Talent PayMaster, Inc.		Transaction ID: B-E-8555	
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Date of Disbursement 09 / 11 / 2007	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 5697.70
Purpose of Disbursement SEE MEMO ITEMS		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Talent PayMaster, Inc.		Transaction ID: B-S-59	
Mailing Address 7315 Wisconsin Avenue Suite 705 East		Date of Disbursement 09 / 11 / 2007	
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period 677.70
Purpose of Disbursement Payroll Taxes & Fees		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]
Subitemization of Talent PayMaster, Inc. (09/11/07)

Full Name (Last, First, Middle Initial) C. Verizon Southwest		Transaction ID: B-E-8554	
Mailing Address PO Box 920041		Date of Disbursement 09 / 11 / 2007	
City Dallas	State TX	Zip Code 75392-0041	Amount of Each Disbursement this Period 312.93
Purpose of Disbursement Telephone Service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	6010.63
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

<p>A. Taylor Clark</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2100 Spencer Road #810</p> <p>City Denton State TX Zip Code 76201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-S-57</p> <p>Date of Disbursement</p> <p>09 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>2083.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Talent PayMaster, Inc.(09/11/07)</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Kim J. Garza</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2427 Allen Street # 439</p> <p>City Dallas State TX Zip Code 75204-8624</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-S-58</p> <p>Date of Disbursement</p> <p>09 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>2936.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Talent PayMaster, Inc.(09/11/07)</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Office Depot</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2300 San Jacinto Boulevard</p> <p>City Denton State TX Zip Code 76205-7532</p> <p>Purpose of Disbursement General Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B-E-8631</p> <p>Date of Disbursement</p> <p>09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>138.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>138.55</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. GSF Global		Transaction ID: B-E-8678 Date of Disbursement 09 / 13 / 2007
Mailing Address 2621 Coffey Drive		Amount of Each Disbursement this Period 485.89
City Denton State TX Zip Code 76207	Purpose of Disbursement Computer & Telephone Repair Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Menus Catering		Transaction ID: B-E-8564 Date of Disbursement 09 / 13 / 2007
Mailing Address 5458 3rd Street NE		Amount of Each Disbursement this Period 255.50
City Washington State DC Zip Code 20011-6316	Purpose of Disbursement Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B-E-8633 Date of Disbursement 09 / 13 / 2007
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 5.25
City Denton State TX Zip Code 76201-4277	Purpose of Disbursement Express Mail Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	746.64
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)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: B-E-8636 Date of Disbursement 09 / 13 / 2007
Mailing Address 101 E McKinney Street		Amount of Each Disbursement this Period 35.05
City Denton State TX Zip Code 76201-4277	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8640 Date of Disbursement 09 / 14 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 67.04
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Denton Florist		Transaction ID: B-E-8680 Date of Disbursement 09 / 17 / 2007
Mailing Address 101 N Elm Street Suite 100		Amount of Each Disbursement this Period 108.14
City Denton State TX Zip Code 76201-4178	Purpose of Disbursement Floral Arrangements Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	210.23
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)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8642 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 20.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. GSF Global Full Name (Last, First, Middle Initial) Mailing Address 2621 Coffey Drive City Denton State TX Zip Code 76207 Purpose of Disbursement Computer & Telephone Repair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8679 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Farina's Winery Full Name (Last, First, Middle Initial) Mailing Address 420 S Main Street City Grapevine State TX Zip Code 76051-5327 Purpose of Disbursement SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8567 Date of Disbursement 09 / 18 / 2007 Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3370.78
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)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Farina's Winery Full Name (Last, First, Middle Initial) Mailing Address 420 S Main Street City Grapevine State TX Zip Code 76051-5327 Purpose of Disbursement Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-S-60 Date of Disbursement 09 / 18 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Farina's Winery(09/18/07)
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 003

B. Farina's Winery Full Name (Last, First, Middle Initial) Mailing Address 420 S Main Street City Grapevine State TX Zip Code 76051-5327 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-S-61 Date of Disbursement 09 / 18 / 2007 Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Farina's Winery(09/18/07)
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 003

C. Gaylord Texan Resort & Convention Center Full Name (Last, First, Middle Initial) Mailing Address 1501 Gaylord Trail City Grapevine State TX Zip Code 76051-1945 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: B-E-8566 Date of Disbursement 09 / 18 / 2007 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Tin Spirits LLC		Transaction ID: B-E-8569 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address 814 S Main Street		Amount of Each Disbursement this Period 1426.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Grapevine State TX Zip Code 76051-5534	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TwentyEast Agency II, LTD		Transaction ID: B-E-8568 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 12881.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Website Development Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TwentyEast Agency II, LTD		Transaction ID: B-E-8572 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007
Mailing Address PO Box 8227		Amount of Each Disbursement this Period 54.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyler State TX Zip Code 75711-8227	Purpose of Disbursement Web Hosting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14362.07
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B-E-8571 Date of Disbursement 09 / 18 / 2007
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 275.99
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement Cellular Phone Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Taylor Clark		Transaction ID: B-E-8570 Date of Disbursement 09 / 18 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 130.20
City Denton State TX Zip Code 76201	Purpose of Disbursement SEE MEMO ITEMS Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Taylor Clark		Transaction ID: B-S-62 Date of Disbursement 09 / 18 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 55.00
City Denton State TX Zip Code 76201	Purpose of Disbursement Computer Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Taylor Clark(09/18/07)

SUBTOTAL of Disbursements This Page (optional) ▶	406.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Taylor Clark		Transaction ID: B-S-63 Date of Disbursement 09 / 18 / 2007
Mailing Address 2100 Spencer Road #810		Amount of Each Disbursement this Period 75.20
City Denton State TX Zip Code 76201	Purpose of Disbursement Reimbursement- Mileage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Taylor Clark(09/18/07)

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: B-E-8646 Date of Disbursement 09 / 19 / 2007
Mailing Address 101 E Mckinney Street		Amount of Each Disbursement this Period 10.50
City Denton State TX Zip Code 76201-4277	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. US House Members Dining Room		Transaction ID: B-E-8647 Date of Disbursement 09 / 19 / 2007
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 93.90
City Washington State DC Zip Code 20515	Purpose of Disbursement Meal Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	104.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8649 Date of Disbursement 09 / 20 / 2007 Amount of Each Disbursement this Period 30.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. First State Bank Full Name (Last, First, Middle Initial) Mailing Address 400 West Oak Street Suite 103 City Denton State TX Zip Code 76201 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8587 Date of Disbursement 09 / 20 / 2007 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Hannah's Full Name (Last, First, Middle Initial) Mailing Address 209B West Hickory City Denton State TX Zip Code 76201 Purpose of Disbursement Meal Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8651 Date of Disbursement 09 / 20 / 2007 Amount of Each Disbursement this Period 40.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	870.36
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. United States Mint		Transaction ID: B-E-8650 Date of Disbursement 09 / 20 / 2007
Mailing Address Customer Care Center 801 9th Street, NW		Amount of Each Disbursement this Period 33.95
City Washington State DC Zip Code 20220	Purpose of Disbursement Campaign- Mementos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: B-E-8588 Date of Disbursement 09 / 21 / 2007
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 634.40
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Meal Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-E-8653 Date of Disbursement 09 / 21 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 203.28
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	871.63
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: B-E-8654 Date of Disbursement 09 / 21 / 2007
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 356.80
City Phoenix State AZ Zip Code 85034-3802	Purpose of Disbursement Airfare Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Gaylord Texan Resort & Convention Center		Transaction ID: B-E-8655 Date of Disbursement 09 / 24 / 2007
Mailing Address 1501 Gaylord Trail		Amount of Each Disbursement this Period 2.71
City Grapevine State TX Zip Code 76051-1945	Purpose of Disbursement Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Gaylord Texan Resort & Convention Center		Transaction ID: B-E-8656 Date of Disbursement 09 / 24 / 2007
Mailing Address 1501 Gaylord Trail		Amount of Each Disbursement this Period 30.00
City Grapevine State TX Zip Code 76051-1945	Purpose of Disbursement Facility Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	389.51
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Gaylord Texan Resort & Convention Center		Transaction ID: B-E-8657 Date of Disbursement 09 / 24 / 2007
Mailing Address 1501 Gaylord Trail		Amount of Each Disbursement this Period 30.81
City Grapevine State TX Zip Code 76051-1945	Purpose of Disbursement Facility Rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8659 Date of Disbursement 09 / 24 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 120.88
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. United States Mint		Transaction ID: B-E-8660 Date of Disbursement 09 / 24 / 2007
Mailing Address Customer Care Center 801 9th Street, NW		Amount of Each Disbursement this Period 275.30
City Washington State DC Zip Code 20220	Purpose of Disbursement Campaign- Mementos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	426.99
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)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: B-E-8661 Date of Disbursement 09 / 25 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 20.78
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Express Mail Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Gaylord Texan Resort & Convention Center		Transaction ID: B-E-8662 Date of Disbursement 09 / 25 / 2007
Mailing Address 1501 Gaylord Trail		Amount of Each Disbursement this Period 23.01
City Grapevine State TX Zip Code 76051-1945	Purpose of Disbursement Facility Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: B-E-8611 Date of Disbursement 09 / 27 / 2007
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 765.60
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	809.39
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Container Store Full Name (Last, First, Middle Initial) Mailing Address 1200 Main Street City Southlake State TX Zip Code 76092 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8663 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 6.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8665 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 18.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Fort Worth Metropolitan Black Chamber of Commerce Full Name (Last, First, Middle Initial) Mailing Address 1150 South Freeway Suite 211 City Fort Worth State TX Zip Code 76104-5064 Purpose of Disbursement Program Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8609 Date of Disbursement 09 / 27 / 2007 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
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SUBTOTAL of Disbursements This Page (optional) ▶	1024.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Mi Casita		Transaction ID: B-E-8664 Date of Disbursement 09 / 27 / 2007
Mailing Address 110 N Carroll Boulevard		Amount of Each Disbursement this Period 9.81
City Denton State TX Zip Code 76201-9058	Purpose of Disbursement Meal Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-E-8667 Date of Disbursement 09 / 27 / 2007
Mailing Address 2300 San Jacinto Boulevard		Amount of Each Disbursement this Period 65.63
City Denton State TX Zip Code 76205-7532	Purpose of Disbursement General Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: B-E-8666 Date of Disbursement 09 / 27 / 2007
Mailing Address Bethesda Main Post Office		Amount of Each Disbursement this Period 26.98
City Bethesda State MD Zip Code 20814-9998	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	102.42
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)
Michael Burgess for Congress

A. Taylor Clark Full Name (Last, First, Middle Initial) Mailing Address 2100 Spencer Road #810 City Denton State TX Zip Code 76201 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8612 Date of Disbursement 09 / 27 / 2007 Amount of Each Disbursement this Period 137.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 1800 S Loop 288 City Denton State TX Zip Code 76205 Purpose of Disbursement Computer Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8670 Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 140.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Best Buy Full Name (Last, First, Middle Initial) Mailing Address 1800 S Loop 288 City Denton State TX Zip Code 76205 Purpose of Disbursement Computer Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8672 Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 497.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	775.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

<p>A. Container Store</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1200 Main Street</p>		<p>Transaction ID: B-E-8669 Date of Disbursement 09 / 28 / 2007</p>
<p>City Southlake State TX Zip Code 76092</p>	<p>Purpose of Disbursement General Office Supplies</p>	<p>Amount of Each Disbursement this Period 105.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Office Depot</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2300 San Jacinto Boulevard</p>		<p>Transaction ID: B-E-8671 Date of Disbursement 09 / 28 / 2007</p>
<p>City Denton State TX Zip Code 76205-7532</p>	<p>Purpose of Disbursement General Office Supplies</p>	<p>Amount of Each Disbursement this Period 170.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. US House Members Dining Room</p> <p>Full Name (Last, First, Middle Initial) Mailing Address US Capitol Building</p>		<p>Transaction ID: B-E-8668 Date of Disbursement 09 / 28 / 2007</p>
<p>City Washington State DC Zip Code 20515</p>	<p>Purpose of Disbursement Meal Expense</p>	<p>Amount of Each Disbursement this Period 29.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>305.64</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Glenn LeMunyon		Transaction ID: B-I-8734 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7	
Mailing Address 233 Pennsylvania Avenue SE Suite 300		Amount of Each Disbursement this Period 652.12	
City Washington State DC Zip Code 20003-1121	Purpose of Disbursement Inkind: Facility Rental & Catering Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	▶	652.12
TOTAL This Period (last page this line number only)	▶	157280.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

Full Name (Last, First, Middle Initial) A. Duncan D. Hunter for Congress		Transaction ID: B-E-8386 Date of Disbursement 08 / 07 / 2007
Mailing Address PO Box 3917		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City La Mesa State CA Zip Code 91944-3917	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Duncan D. Hunter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Flower Mound Chamber of Commerce		Transaction ID: B-E-8388 Date of Disbursement 08 / 07 / 2007
Mailing Address 700 Parker Square Suite 100		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
City Flower Mound State TX Zip Code 75028-7448	012 Category/ Type	
Purpose of Disbursement Charitable Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AIDS Services of North Texas		Transaction ID: B-E-8432 Date of Disbursement 08 / 28 / 2007
Mailing Address 4210 Mesa Drive		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denton State TX Zip Code 76207-3458	012 Category/ Type	
Purpose of Disbursement Charitable Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michael Burgess for Congress

A. Heroes of Denton County Full Name (Last, First, Middle Initial) Mailing Address 1278 Justin Road Suite 109 City Lewisville State TX Zip Code 75077-2200 Purpose of Disbursement Charitable Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8433 Date of Disbursement 08 / 28 / 2007 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
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B. Denton Benefit League Full Name (Last, First, Middle Initial) Mailing Address PO Box 725 City Denton State TX Zip Code 76202-0725 Purpose of Disbursement Charitable Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8549 Date of Disbursement 09 / 10 / 2007 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Denton Benefit League Full Name (Last, First, Middle Initial) Mailing Address PO Box 725 City Denton State TX Zip Code 76202-0725 Purpose of Disbursement Charitable Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-8613 Date of Disbursement 09 / 27 / 2007 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
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SUBTOTAL of Disbursements This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	3800.00