

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
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

ADDRESS (number and street) POST OFFICE BOX 711
 Check if different than previously reported. (ACC)
ROCKWALL TX 75087

2. **FEC IDENTIFICATION NUMBER** C00120683
CITY **STATE** TX **ZIP CODE** 75087
STATE DISTRICT TX 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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

5. Covering Period 10 01 2005 through 12 31 2005

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 J. Blakeley Hall

Signature of Treasurer Electronically Filed by J. Blakeley Hall Date 07 02 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	65755.04	212901.62
(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)).....	65755.04	212901.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	31944.55	279961.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	12464.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31944.55	267496.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	136449.69	
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
 HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	20530.04	75481.62
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	225.00	7845.00
(iii) TOTAL of contributions from individuals..... ▶	20755.04	83326.62
(b) Political Party Committees.....	0.00	575.00
(c) Other Political Committees (such as PACS).....	45000.00	129000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	65755.04	212901.62

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
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13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	12464.81
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15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	65755.04	225366.43
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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31944.55	279961.15
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.....	1100.00	24650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	33044.55	304611.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	103739.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65755.04
25. SUBTOTAL (add Line 23 and Line 24).....	169494.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33044.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	136449.69

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number <input style="width: 100%;" type="text"/>
Name of Principal Campaign Committee HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)		Committee ID Number C <input style="width: 90%;" type="text" value="C00120683"/>
Committee Address POST OFFICE BOX 711		
City ROCKWALL	State TX	ZIP 75087
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<input style="width: 100%;" type="text" value="205186.39"/>	<input style="width: 100%;" type="text" value="20180.04"/>
2. Aggregate amount of contributions from personal funds of the candidate	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>
3. Gross receipts minus the candidate's personal contributions	<input style="width: 100%;" type="text" value="205186.39"/>	<input style="width: 100%;" type="text" value="20180.04"/>

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 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Andrew Beal		Date of Receipt MM / DD / YYYY 12 / 01 / 2005
Mailing Address 6000 Legacy Drive		Transaction ID: SA11A1.14344
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Beal Bank	Occupation President & CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Simona Beal		Date of Receipt MM / DD / YYYY 12 / 01 / 2005
Mailing Address 3816 Stratford		Transaction ID: SA11A1.14345
City Highland Park	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mike Collins		Date of Receipt MM / DD / YYYY 11 / 17 / 2005
Mailing Address 2458 Garnett Drive		Transaction ID: SA11A1.14360
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Mike Collins PR	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	5100.00
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 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

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

Mailing Address 1279 Delaware Avenue SW

City Washington State DC Zip Code 20024

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

Name of Employer Flanagan Consulting Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.14362

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)
Linda D. Gorshein

Mailing Address 3352 Fernlake Place

City Longwood State FL Zip Code 32779

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

Name of Employer The American Channel Occupation Chairman/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.14364

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Dietrich M. Gross

Mailing Address 769 Michigan

City Wilmette State IL Zip Code 60091

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

Name of Employer Jupiter Aluminum Corporation Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.14372

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
Dietrich M. Gross

Mailing Address 769 Michigan

City Wilmette State IL Zip Code 60091

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

Name of Employer Jupiter Aluminum Corporation Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.14373

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
Erika Gross

Mailing Address 769 Michigan Avenue

City Wilmette State IL Zip Code 60091

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.14374

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Erika Gross

Mailing Address 769 Michigan Avenue

City Wilmette State IL Zip Code 60091

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.14375

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. David Hebert		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 7605 Ridgecrest Drive		Transaction ID: SA11A1.14349	
City Alexandria	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22308		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. W. D. Hilton, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 4342 Catfish Cove		Transaction ID: SA11A1.14347	
City Greenville	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 75402		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer NGC Settlement Trust	Occupation Managing Trustee		
Receipt For: 2006 <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. Bennett W. Hooks, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 280 North Bay Drive		Transaction ID: SA11A1.14368	
City Bullard	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 75757		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Buford Television, Inc.	Occupation President/CEO		
Receipt For: 2006 <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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 68 (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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
 Jerris Leonard

Mailing Address 4986 Sentinel Drive-Apt.104

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
 The Leonard Group Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **1380.04**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 17 / 2005

Transaction ID: SA11A1.14331

Amount of Each Receipt this Period
880.04

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

B. Full Name (Last, First, Middle Initial)
 Jerris Leonard

Mailing Address 4986 Sentinel Drive-Apt.104

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
 The Leonard Group Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **2480.04**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 17 / 2005

Transaction ID: SA11A1.14354

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
 Lawrence Lucas

Mailing Address 1109 Central Road

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
 Connor Communications Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 17 / 2005

Transaction ID: SA11A1.14356

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional)	3080.04
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 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
Walter S. Malinowski

Mailing Address 8903 Chequers Way

City State Zip Code
McClellan VA 22102

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

Name of Employer Labat-Anderson, Inc. Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2005

Transaction ID: SA11A1.14366

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Keith McFarland

Mailing Address P.O. Box 3023

City State Zip Code
Commerce TX 75429

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

Name of Employer Texas A & M-Commerce Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 17 / 2005

Transaction ID: SA11A1.14341

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)
Peter O'Donnell

Mailing Address 100 Crescent Court

City State Zip Code
Dallas TX 75201

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

Name of Employer Self-Employed Occupation Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 06 / 2005

Transaction ID: SA11A1.14342

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. John D. Raffaelli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1401 K Street, NW #1000		Transaction ID: SA11A1.14339
City State Zip Code Washington DC 20005	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 The Washington Group Principal	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. John L. Ratcliffe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 706 Starlight Pass		Transaction ID: SA11A1.14370
City State Zip Code Heath TX 75032	Amount of Each Receipt this Period 2000.00	
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 United States Dept. Of Justice Director-Eastern Dist. Of TX	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Robert L. Redding, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 405 Rucker Place		Transaction ID: SA11A1.14351
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 1100.00	
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 Redding Firm Attorney	Election Cycle-to-Date 1100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	4100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 68	
	(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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

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

Mailing Address P.O. Box 1865

City State Zip Code
Kilgore TX 75663

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

Name of Employer Occupation
Smith Partners Ltd.. Owner

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

500.00

Date of Receipt

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

Transaction ID: SA11A1.14343

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)	▶	500.00
TOTAL This Period (last page this line number only)	▶	20530.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 68
	(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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 9312 OLD GEORGETOWN ROAD		Transaction ID: SA11C.14387
City	State	Zip Code
BETHESDA	MD	20814
FEC ID number of contributing federal political committee. C C00008839		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) B. BAKER & HOSTETLER POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		Transaction ID: SA11C.14382
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. C C00174227		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) C. CALPINE CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 50 West San Fernando Street		Transaction ID: SA11C.14385
City	State	Zip Code
San Jose	CA	95113
FEC ID number of contributing federal political committee. C C00362640		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

SUBTOTAL of Receipts This Page (optional)	▶	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 15 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 101 Constitution Ave NW 500 East Suite 500 East		Transaction ID: SA11C.14409
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00109819		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. EL PASO CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 555 11TH STREET NW SUITE 750		Transaction ID: SA11C.14378
City WASHINGTON State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00093948		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input 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. FLORIDA POWER & LIGHT		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5
Mailing Address P.O. Box 14000		Transaction ID: SA11C.14389
City Juno Beach State FL Zip Code 33408	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	
Receipt For: 2006 <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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
MIRANT CORPORATION PAC INC.

Mailing Address 1155 PERIMETER CENTER WEST
2ND FLOOR

City ATLANTA State GA Zip Code 30338

FEC ID number of contributing federal political committee. **C** C00365007

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11C.14414

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)
NAT'L RURAL ELECTRIC COOP ASSN. PAC

Mailing Address 4301 Wilson Blvd.

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11C.14403

Amount of Each Receipt this Period
4000.00

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

C. Full Name (Last, First, Middle Initial)
NAT'L RURAL ELECTRIC COOP ASSN. PAC

Mailing Address 4301 Wilson Blvd.

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11C.14404

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)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. NATIONAL BEER WHOLESALERS' ASSOCIATION POLITICAL ACTION COMMITTEE (NBWA PAC)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1100 SOUTH WASHINGTON STREET		Transaction ID: SA11C.14407
City ALEXANDRIA State VA Zip Code 22314	FEC ID number of contributing federal political committee. C C00144766	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA-AC)		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 5
Mailing Address 1724 MASSACHUSETTS AVENUE NW		Transaction ID: SA11C.14419
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00010082	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: 2006 <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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA-AC)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 1724 MASSACHUSETTS AVENUE NW		Transaction ID: SA11C.14420
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00010082	Amount of Each Receipt this Period 5000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	15000.00
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 18 / 68
	(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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1120 G STREET NW SUITE 900		Transaction ID: SA11C.14412
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00409565	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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) B. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 1111 North Fairfax Street		Transaction ID: SA11C.14395
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. C C00012880	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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. RELIANT ENERGY INCORPORATED POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO BOX 4567		Transaction ID: SA11C.14417
City HOUSTON State TX Zip Code 77210	FEC ID number of contributing federal political committee. C C00081455	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
RJR POLITICAL ACTION COMMITTEE; R. J. REYNOLDS TOBACCO COMPANY

Mailing Address P. O. Box 718

City State Zip Code
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: SA11C.14388

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)
SANOFI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11C.14380

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)
SBC COMMUNICATIONS INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (SBC EMPAC)

Mailing Address 175 E. Houston 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 5

Transaction ID: SA11C.14399

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)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
SBC COMMUNICATIONS INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (SBC EMPAC)

Mailing Address 175 E. Houston 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 3 / 2 0 0 5

Transaction ID: SA11C.14400

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)
TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

Mailing Address 3737 EXECUTIVE CENTER DR STE 268

City AUSTIN State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C** C00393728

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 4 / 2 0 0 5

Transaction ID: SA11C.14377

Amount of Each Receipt this Period
 3000.00

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

C. Full Name (Last, First, Middle Initial)
TEXAS INSTRUMENTS PAC

Mailing Address P.O. Box 742496

City Dallas State TX Zip Code 75374

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 4 / 2 0 0 5

Transaction ID: SA11C.14384

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)	▶	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 21 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial)
THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY PAC

Mailing Address 7901 Westpark Drive

City State Zip Code
McClean VA 22102

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: SA11C.14392

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)
TREA SENIOR CITIZENS LEAGUE INC POLITICAL ACTION COMMITTEE (TSLC-PAC)

Mailing Address 909 N WASHINGTON STREET SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00327064

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 5

Transaction ID: SA11C.14398

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)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 5

Transaction ID: SA11C.14406

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)	▶	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 22 / 68
	<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. USAA GROUP PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1455 F Street, N.W. #420		Transaction ID: SA11C.14402
City State Zip Code Washington DC 20004	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	
Receipt For: 2006 <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) B. VAN NESS FELDMAN PC POLITICAL ACTION COMMITTEE(AKA VAN NESS FELDMAN POLITICAL ACTION COMMITTEE)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1050 THOMAS JEFFERSON ST NW STE700		Transaction ID: SA11C.14411
City State Zip Code WASHINGTON DC 20007	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00205369		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1717 ARCH STREET 47TH FL S		Transaction ID: SA11C.14415
City State Zip Code PHILADELPHIA PA 19103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00186288		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	4500.00

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. 7-Eleven #16559		Transaction ID: SB17.14582 Date of Disbursement 11 / 13 / 2005	
Mailing Address 104 West Kaufman Street		Amount of Each Disbursement this Period 42.52	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. 7-Eleven #24632		Transaction ID: SB17.14605 Date of Disbursement 12 / 04 / 2005	
Mailing Address 1100 Ridge Road		Amount of Each Disbursement this Period 29.11	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.14524 Date of Disbursement 09 / 26 / 2005	
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 55.00	
City Dallas State TX Zip Code 75265	Purpose of Disbursement Membership Renewal Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.14513 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 271.59
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas-Food-Supplies-Membership Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Apple Store		Transaction ID: SB17.14508 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 2700 Clarendon Blvd.		Amount of Each Disbursement this Period 377.95
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Software Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Armand's Chicago Pizzeria		Transaction ID: SB17.14570 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 226 Massachusetts Avenue, N.E.		Amount of Each Disbursement this Period 86.64
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	271.59
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. AT & T (SBC)		Transaction ID: SB17.14456 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 61.48	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AT & T (SBC)		Transaction ID: SB17.14457 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 335.53	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AT & T (SBC)		Transaction ID: SB17.14472 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 99.93	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	496.94
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. AT & T (SBC)		Transaction ID: SB17.14473 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 335.53	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AT & T (SBC)		Transaction ID: SB17.14492 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 335.53	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AT & T (SBC)		Transaction ID: SB17.14493 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5	
Mailing Address P.O. Box 630047		Amount of Each Disbursement this Period 58.34	
City Dallas State TX Zip Code 75263	Purpose of Disbursement Phone Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	729.40
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Atmos Energy		Transaction ID: SB17.14466 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address P.O. Box 650654		Amount of Each Disbursement this Period 28.86	
City Dallas State TX Zip Code 75265	Purpose of Disbursement Gas Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Atmos Energy		Transaction ID: SB17.14481 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 650654		Amount of Each Disbursement this Period 28.86	
City Dallas State TX Zip Code 75265	Purpose of Disbursement Gas Bill-102 N. San Jacinto	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: SB17.14429 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5	
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 905.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	<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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	962.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Catfish King		Transaction ID: SB17.14547 Date of Disbursement 09 / 26 / 2005	
Mailing Address 430 East I-30		Amount of Each Disbursement this Period 7.23	
City Garland State TX Zip Code 75043	Purpose of Disbursement Food Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Catfish King		Transaction ID: SB17.14548 Date of Disbursement 09 / 26 / 2005	
Mailing Address 430 East I-30		Amount of Each Disbursement this Period 7.23	
City Garland State TX Zip Code 75043	Purpose of Disbursement Food Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Charlie Palmer Steakhouse		Transaction ID: SB17.14586 Date of Disbursement 11 / 16 / 2005	
Mailing Address 101 Constitution Avenue, N.E.		Amount of Each Disbursement this Period 1692.60	
City Washington State DC Zip Code 20002	Purpose of Disbursement Food For Fundraiser	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Chevron-Plano Full Name (Last, First, Middle Initial) Mailing Address City: Plano State: TX Zip Code: 75075 Purpose of Disbursement: Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14572 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 50.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Chevron-Texas T Mart Full Name (Last, First, Middle Initial) Mailing Address: 460 S. Hillcrest Drive City: Sulphur Springs State: TX Zip Code: 75482 Purpose of Disbursement: Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14517 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5 Amount of Each Disbursement this Period 3.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Chevron-Tyler Full Name (Last, First, Middle Initial) Mailing Address: 16242 US Highway271 City: Tyler State: TX Zip Code: 75708 Purpose of Disbursement: Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14602 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 35.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Chevron One Stop		Transaction ID: SB17.14542 Date of Disbursement 09 / 16 / 2005
Mailing Address 600 East I-30		Amount of Each Disbursement this Period 64.82
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chevron One Stop		Transaction ID: SB17.14546 Date of Disbursement 09 / 24 / 2005
Mailing Address 600 East I-30		Amount of Each Disbursement this Period 55.58
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chevron One Stop		Transaction ID: SB17.14565 Date of Disbursement 10 / 16 / 2005
Mailing Address 600 East I-30		Amount of Each Disbursement this Period 48.81
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
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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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Chevron One Stop		Transaction ID: SB17.14567 Date of Disbursement 10 / 21 / 2005
Mailing Address 600 East I-30		Amount of Each Disbursement this Period 24.62
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chili's Grill & Bar		Transaction ID: SB17.14516 Date of Disbursement 08 / 27 / 2005
Mailing Address 685 East Interstate Hwy.30		Amount of Each Disbursement this Period 65.98
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chrystal's Cafe		Transaction ID: SB17.14553 Date of Disbursement 10 / 05 / 2005
Mailing Address 614 Hwy. 80 East		Amount of Each Disbursement this Period 17.50
City Sunnyvale State TX Zip Code 75182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Chrystal's Cafe		Transaction ID: SB17.14560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 614 Hwy. 80 East		Amount of Each Disbursement this Period 21.80
City Sunnyvale State TX Zip Code 75182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chrystal's Cafe		Transaction ID: SB17.14563 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 614 Hwy. 80 East		Amount of Each Disbursement this Period 13.76
City Sunnyvale State TX Zip Code 75182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chrystal's Cafe		Transaction ID: SB17.14564 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 614 Hwy. 80 East		Amount of Each Disbursement this Period 40.04
City Sunnyvale State TX Zip Code 75182	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.14448 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 60.84
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.14449 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 65.10
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.14463 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 65.18
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	191.12
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.14465 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 55.41
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.14480 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 65.07
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.14482 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 73.48
City Dallas State TX Zip Code 75265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	193.96
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Cingular Wireless-660215		Transaction ID: SB17.14487 Date of Disbursement 12 / 23 / 2005	
Mailing Address P.O. Box 660215		Amount of Each Disbursement this Period 90.77	
City Dallas State TX Zip Code 75266	Purpose of Disbursement Wireless Phone Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Citi Cards		Transaction ID: SB17.14528 Date of Disbursement 10 / 17 / 2005	
Mailing Address P.O. Box 6404		Amount of Each Disbursement this Period 561.33	
City The Lake State NV Zip Code 88901	Purpose of Disbursement Gas-Food-FedEx-Parking	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Citi Cards		Transaction ID: SB17.14556 Date of Disbursement 11 / 04 / 2005	
Mailing Address P.O. Box 6404		Amount of Each Disbursement this Period 50.00	
City The Lake State NV Zip Code 88901	Purpose of Disbursement Membership Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	652.10
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Citi Cards		Transaction ID: SB17.14526 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 6404		Amount of Each Disbursement this Period 741.34
City The Lake State NV Zip Code 88901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts-Food-Gasoline	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citi Cards		Transaction ID: SB17.14527 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 6404		Amount of Each Disbursement this Period 2561.87
City The Lake State NV Zip Code 88901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas-Food-Supplies-Gifts-FedEx-Car Care	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Community Bank		Transaction ID: SB17.14451 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 729		Amount of Each Disbursement this Period 856.50
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal Tax Deposit	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4159.71
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Community Bank		Transaction ID: SB17.14464 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 729		Amount of Each Disbursement this Period 856.50
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal Tax Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Community Bank		Transaction ID: SB17.14485 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 729		Amount of Each Disbursement this Period 856.50
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal Tax Deposit Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. M.L. Crowell		Transaction ID: SB17.14455 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1800 West Hwy.66		Amount of Each Disbursement this Period 432.75
City Royse City State TX Zip Code 75189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2145.75
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. M.L. Crowell		Transaction ID: SB17.14470 Date of Disbursement 11 / 30 / 2005	
Mailing Address 1800 West Hwy.66		Amount of Each Disbursement this Period 432.75	
City Royse City	State TX	Zip Code 75189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. M.L. Crowell		Transaction ID: SB17.14483 Date of Disbursement 12 / 09 / 2005	
Mailing Address 1800 West Hwy.66		Amount of Each Disbursement this Period 432.75	
City Royse City	State TX	Zip Code 75189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Year-End Bonus 2005		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. M.L. Crowell		Transaction ID: SB17.14494 Date of Disbursement 12 / 31 / 2005	
Mailing Address 1800 West Hwy.66		Amount of Each Disbursement this Period 432.75	
City Royse City	State TX	Zip Code 75189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Salary		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	1298.25
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

<p>A. Dairy Palace</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2301 N. Trades Day Blvd.</p>		<p>Transaction ID: SB17.14550 Date of Disbursement 10 / 01 / 2005</p>
<p>City Canton State TX Zip Code 75103</p>		<p>Amount of Each Disbursement this Period 16.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Food Expense Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Diamond Shamrock-Rockwall</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2804 Ridge Rd</p>		<p>Transaction ID: SB17.14592 Date of Disbursement 11 / 21 / 2005</p>
<p>City Rockwall State TX Zip Code 75032</p>		<p>Amount of Each Disbursement this Period 22.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Gasoline Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. ExxonMobil</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4597</p>		<p>Transaction ID: SB17.14458 Date of Disbursement 11 / 01 / 2005</p>
<p>City Carol Stream State IL Zip Code 60197</p>		<p>Amount of Each Disbursement this Period 222.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Purpose of Disbursement Gasoline Expense Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>[MEMO ITEM]</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>222.54</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)

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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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. ExxonMobil		Transaction ID: SB17.14468 Date of Disbursement 11 / 15 / 2005	
Mailing Address P.O. Box 4597		Amount of Each Disbursement this Period 157.54	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gasoline Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. ExxonMobil		Transaction ID: SB17.14488 Date of Disbursement 12 / 23 / 2005	
Mailing Address P.O. Box 4597		Amount of Each Disbursement this Period 57.43	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gasoline Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. ExxonMobil-D.C.		Transaction ID: SB17.14541 Date of Disbursement 09 / 14 / 2005	
Mailing Address P.O. Box 419010		Amount of Each Disbursement this Period 52.00	
City Kansas City State MO Zip Code 64141	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	214.97
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

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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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Exxon Mobil-Kilgore		Transaction ID: SB17.14551 Date of Disbursement 10 / 03 / 2005	
Mailing Address Hwy. 31		Amount of Each Disbursement this Period 5.70	
City Kilgore	State TX	Zip Code 75662	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Food Expense		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. Exxon Mobil-Kilgore		Transaction ID: SB17.14552 Date of Disbursement 10 / 03 / 2005	
Mailing Address Hwy. 31		Amount of Each Disbursement this Period 69.13	
City Kilgore	State TX	Zip Code 75662	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Gasoline		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. FedEx Shipping		Transaction ID: SB17.14535 Date of Disbursement 09 / 12 / 2005	
Mailing Address P.O. Box 727---Dept. 4741		Amount of Each Disbursement this Period 26.30	
City Memphis	State TN	Zip Code 38194	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Shipping Expense		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. FedEx Shipping		Transaction ID: SB17.14536 Date of Disbursement 09 / 12 / 2005
Mailing Address P.O. Box 727---Dept. 4741		Amount of Each Disbursement this Period 28.30
City Memphis State TN Zip Code 38194	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx Shipping		Transaction ID: SB17.14609 Date of Disbursement 12 / 06 / 2005
Mailing Address P.O. Box 727---Dept. 4741		Amount of Each Disbursement this Period 18.54
City Memphis State TN Zip Code 38194	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ford Credit		Transaction ID: SB17.14436 Date of Disbursement 10 / 21 / 2005
Mailing Address P.O. Box 152271		Amount of Each Disbursement this Period 282.96
City Irving State TX Zip Code 75015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payment On Campaign Car Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	282.96
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Ford Credit		Transaction ID: SB17.14445 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 152271		Amount of Each Disbursement this Period 282.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irving State TX Zip Code 75015	Purpose of Disbursement Payment On Campaign Car Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ford Credit		Transaction ID: SB17.14495 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 152271		Amount of Each Disbursement this Period 282.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irving State TX Zip Code 75015	Purpose of Disbursement Payment On Campaign Car Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Godiva Chocolates		Transaction ID: SB17.14585 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 3222 M Street		Amount of Each Disbursement this Period 105.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20007	Purpose of Disbursement Gifts For Constituents Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	565.92
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial) Jody Hall		Transaction ID: SB17.14447 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 966		Amount of Each Disbursement this Period 2478.50	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Salary 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

B. Full Name (Last, First, Middle Initial) Jody Hall		Transaction ID: SB17.14454 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 966		Amount of Each Disbursement this Period 2478.50	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Salary 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

C. Full Name (Last, First, Middle Initial) Jody Hall		Transaction ID: SB17.14471 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address P.O. Box 966		Amount of Each Disbursement this Period 2478.50	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Salary 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7435.50
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Full Name (Last, First, Middle Initial) Jody Hall		Transaction ID: SB17.14484 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address P.O. Box 966		Amount of Each Disbursement this Period 2478.50
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Year-End Bonus 2005 Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Horizon Car Care		Transaction ID: SB17.14590 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 2525 Horizon Road		Amount of Each Disbursement this Period 18.95
City Rockwall State TX Zip Code 75032	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car Wash Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) I-Hop #1493		Transaction ID: SB17.14604 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address 2616 Ridge Road		Amount of Each Disbursement this Period 21.16
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2478.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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(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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

<p>A. Full Name (Last, First, Middle Initial) Joe Willy's</p>		<p>Transaction ID: SB17.14557 Date of Disbursement 10 / 05 / 2005</p>	
<p>Mailing Address 2006 South Goliad</p>		<p>Amount of Each Disbursement this Period 32.20</p>	
<p>City Rockwall State TX Zip Code 75087</p>	<p>Purpose of Disbursement Food Expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

<p>B. Full Name (Last, First, Middle Initial) Kroger</p>		<p>Transaction ID: SB17.14514 Date of Disbursement 08 / 27 / 2005</p>	
<p>Mailing Address 405 E. Interstate 30</p>		<p>Amount of Each Disbursement this Period 97.01</p>	
<p>City Rockwall State TX Zip Code 75087</p>	<p>Purpose of Disbursement Supplies</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

<p>C. Full Name (Last, First, Middle Initial) Jerris Leonard</p>		<p>Transaction ID: SB17.14332 Date of Disbursement 10 / 17 / 2005</p>	
<p>Mailing Address 4986 Sentinel Drive-Apt.104</p>		<p>Amount of Each Disbursement this Period 880.04</p>	
<p>City Bethesda State MD Zip Code 20816</p>	<p>Purpose of Disbursement In-kind - Food & Drink</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>State: District:</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>880.04</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Macy's East		Transaction ID: SB17.14575 Date of Disbursement 10 / 19 / 2005
Mailing Address 151 W. 34th Street		Amount of Each Disbursement this Period 48.95
City New York State NY Zip Code 10001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts For Constituents Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MBNA Credit Card		Transaction ID: SB17.14507 Date of Disbursement 12 / 22 / 2005
Mailing Address P.O. Box 15019		Amount of Each Disbursement this Period 377.95
City Wilmington State DE Zip Code 19850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer Software Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McDonald's-Rockwall		Transaction ID: SB17.14532 Date of Disbursement 09 / 10 / 2005
Mailing Address 610 E. Interstate 30		Amount of Each Disbursement this Period 21.58
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	377.95
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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<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Mexican Inn Cafe		Transaction ID: SB17.14522 Date of Disbursement 09 / 02 / 2005
Mailing Address 13155 South Fwy.		Amount of Each Disbursement this Period 23.10
City Burleson State TX Zip Code 76028	Purpose of Disbursement Food Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Neiman Marcus (Online)		Transaction ID: SB17.14578 Date of Disbursement 10 / 15 / 2005
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 49.79
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Neiman Marcus (Online)		Transaction ID: SB17.14580 Date of Disbursement 10 / 19 / 2005
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 49.79
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Neiman Marcus (Online)		Transaction ID: SB17.14587 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 32.48	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Neiman Marcus (Online)		Transaction ID: SB17.14588 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 34.86	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Neiman Marcus (Online)		Transaction ID: SB17.14589 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 40.30	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Neiman Marcus (Online)		Transaction ID: SB17.14581 Date of Disbursement 11 / 26 / 2005	
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period -32.47	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Neiman Marcus (Online)		Transaction ID: SB17.14600 Date of Disbursement 11 / 26 / 2005	
Mailing Address P.O. Box 5235		Amount of Each Disbursement this Period 8.95	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Gifts For Constituents	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. One Stop-Dickey's & Express Care		Transaction ID: SB17.14598 Date of Disbursement 11 / 24 / 2005	
Mailing Address 1700 Dalrock		Amount of Each Disbursement this Period 86.49	
City Rowlett State TX Zip Code 75088	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Raceway731		Transaction ID: SB17.14543 Date of Disbursement 09 / 18 / 2005	
Mailing Address 2003 Goliad		Amount of Each Disbursement this Period 61.98	
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. RedBarn		Transaction ID: SB17.14440 Date of Disbursement 11 / 02 / 2005	
Mailing Address 6611 South Broadway		Amount of Each Disbursement this Period 92.01	
City Tyler State TX Zip Code 75703	Purpose of Disbursement Flower Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RedBarn		Transaction ID: SB17.14477 Date of Disbursement 12 / 02 / 2005	
Mailing Address 6611 South Broadway		Amount of Each Disbursement this Period 75.78	
City Tyler State TX Zip Code 75703	Purpose of Disbursement Flower Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	167.79
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF TEXAS DBA TEXAS VICTORY 2004		Transaction ID: SB17.14476	
Mailing Address 900 Congress Avenue Suite 300		Date of Disbursement 12 / 01 / 2005	
City Austin	State TX	Zip Code 78701	Amount of Each Disbursement this Period 3125.00
Purpose of Disbursement 2006 Filing Fee		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Richards Rockwall BBQ		Transaction ID: SB17.14594	
Mailing Address 1407 S. Goliad Street		Date of Disbursement 11 / 23 / 2005	
City Rockwall	State TX	Zip Code 75087	Amount of Each Disbursement this Period 147.22
Purpose of Disbursement Food Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) C. Rockwall County Republican Men's Club		Transaction ID: SB17.14427	
Mailing Address P.O. Box 612		Date of Disbursement 10 / 08 / 2005	
City Rockwall	State TX	Zip Code 75087	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Ticket Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3145.00
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. ROCKWALL COUNTY REPUBLICAN PARTY		Transaction ID: SB17.14441 Date of Disbursement
Mailing Address P.O. Box 683		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Rockwall	State TX	Zip Code 75087
Purpose of Disbursement Ticket Expense	<input type="text" value="250.00"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Rockwall Postmaster		Transaction ID: SB17.14486 Date of Disbursement
Mailing Address Federal Bldg.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Rockwall	State TX	Zip Code 75087
Purpose of Disbursement P.O. Box Fee Due	<input type="text" value="48.00"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Shell Oil-Tyler		Transaction ID: SB17.14530 Date of Disbursement
Mailing Address		<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Tyler	State TX	Zip Code 75701
Purpose of Disbursement Gasoline	<input type="text" value="38.67"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="298.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

<p>A. Shields Exxon</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 202 South Goliad</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement Gasoline</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: SB17.14559</p> <p>Date of Disbursement</p> <p>10 / 10 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>59.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Manuel Silva</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 186 Eva Place</p> <p>City Rockwall State TX Zip Code 75032</p> <p>Purpose of Disbursement Contract Labor-Work On Signs</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: SB17.14431</p> <p>Date of Disbursement</p> <p>10 / 07 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>130.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Manuel Silva</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 186 Eva Place</p> <p>City Rockwall State TX Zip Code 75032</p> <p>Purpose of Disbursement Contract Labor-Work On Signs</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: SB17.14434</p> <p>Date of Disbursement</p> <p>10 / 14 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>104.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>234.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14435 Date of Disbursement 10 / 21 / 2005 Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14437 Date of Disbursement 10 / 28 / 2005 Amount of Each Disbursement this Period 234.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14442 Date of Disbursement 11 / 04 / 2005 Amount of Each Disbursement this Period 156.00 <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) ▶	650.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14443 Date of Disbursement 11 / 10 / 2005 Amount of Each Disbursement this Period 208.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14444 Date of Disbursement 11 / 18 / 2005 Amount of Each Disbursement this Period 208.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14446 Date of Disbursement 11 / 23 / 2005 Amount of Each Disbursement this Period 52.00 <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) ▶	468.00
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14423 Date of Disbursement 12 / 02 / 2005 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14479 Date of Disbursement 12 / 16 / 2005 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Manuel Silva Full Name (Last, First, Middle Initial) Mailing Address 186 Eva Place City Rockwall State TX Zip Code 75032 Purpose of Disbursement Contract Labor-Work On Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14496 Date of Disbursement 12 / 30 / 2005 Amount of Each Disbursement this Period 52.00 <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) ▶	156.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Sonic Drive-In Full Name (Last, First, Middle Initial) Mailing Address 1001 South Goliad Street City Rockwall State TX Zip Code 75087 Purpose of Disbursement Food Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14558 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 15.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1769 City Newark State NJ Zip Code 07101 Purpose of Disbursement Wireless Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 61.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1769 City Newark State NJ Zip Code 07101 Purpose of Disbursement Wireless Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14474 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Amount of Each Disbursement this Period 64.20 <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) ▶	125.26
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1769 City Newark State NJ Zip Code 07101 Purpose of Disbursement Wireless Phone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14491 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 64.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Elizabeth Stack Full Name (Last, First, Middle Initial) Mailing Address 732 5TH Street, S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Contract Labor-Reception Thank You Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14619 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Texaco-Dallas Full Name (Last, First, Middle Initial) Mailing Address 1433 S Belt Line Rd Ste 110 City Mesquite State TX Zip Code 75419 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.14538 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 59.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	464.20
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)

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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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Texas GOP Lunch		Transaction ID: SB17.14422 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 499 S. Capitol Street, S.W. #608		Amount of Each Disbursement this Period 400.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Adolphus Hotel		Transaction ID: SB17.14549 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 1321 Commerce Street		Amount of Each Disbursement this Period 7.00
City Dallas State TX Zip Code 75202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Parking Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. The Flower Box		Transaction ID: SB17.14438 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1119		Amount of Each Disbursement this Period 219.74
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flower Expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	619.74
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. The Flower Box		Transaction ID: SB17.14596 Date of Disbursement 11 / 23 / 2005
Mailing Address P.O. Box 1119		Amount of Each Disbursement this Period 37.89
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Flower Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Flower Box		Transaction ID: SB17.14597 Date of Disbursement 11 / 23 / 2005
Mailing Address P.O. Box 1119		Amount of Each Disbursement this Period 70.36
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Flower Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Flower Box		Transaction ID: SB17.14606 Date of Disbursement 12 / 05 / 2005
Mailing Address P.O. Box 1119		Amount of Each Disbursement this Period 64.95
City Rockwall State TX Zip Code 75087	Purpose of Disbursement Flower Expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. The Original Pancake House		Transaction ID: SB17.14569 Date of Disbursement 10 / 21 / 2005
Mailing Address 2301 N. Central Expressway Suite 156		Amount of Each Disbursement this Period 44.75
City Plano State TX Zip Code 75075	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Total Stop		Transaction ID: SB17.14561 Date of Disbursement 10 / 12 / 2005
Mailing Address 5115 Summerhill Road		Amount of Each Disbursement this Period 50.00
City Texarkana State TX Zip Code 75501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gasoline Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tune Inn		Transaction ID: SB17.14566 Date of Disbursement 10 / 18 / 2005
Mailing Address 3311/2 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 55.70
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. TXU Energy		Transaction ID: SB17.14453 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 145.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75310	Purpose of Disbursement Electric Bill-102 N. San Jacinto Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. TXU Energy		Transaction ID: SB17.14467 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 97.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75310	Purpose of Disbursement Electric Bill-102 N. San Jacinto Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. TXU Energy		Transaction ID: SB17.14489 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 97.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75310	Purpose of Disbursement Electric Bill-102 N. San Jacinto Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	339.81
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. U.S. House Members Dining Room		Transaction ID: SB17.14545 Date of Disbursement 09 / 21 / 2005
Mailing Address Capitol Bldg.		Amount of Each Disbursement this Period 22.20
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. House Members Dining Room		Transaction ID: SB17.14584 Date of Disbursement 11 / 16 / 2005
Mailing Address Capitol Bldg.		Amount of Each Disbursement this Period 6.50
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. House Members Dining Room		Transaction ID: SB17.14607 Date of Disbursement 12 / 06 / 2005
Mailing Address Capitol Bldg.		Amount of Each Disbursement this Period 15.20
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. U.S. House Members Dining Room		Transaction ID: SB17.14608 Date of Disbursement
Mailing Address Capitol Bldg.		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Washington	State DC	Zip Code 20515
Purpose of Disbursement Food Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="28.25"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. USAA Insurance		Transaction ID: SB17.14618 Date of Disbursement
Mailing Address 9800 Frederickburg Road		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City San Antonio	State TX	Zip Code 78288
Purpose of Disbursement Insurance On Campaign Car	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="709.62"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.14462 Date of Disbursement
Mailing Address P.O. Box 660108		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="41.96"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="751.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.14475 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 41.59
City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.14490 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 41.59
City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wireless Phone Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wal-Mart		Transaction ID: SB17.14421 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 782 East IH-30		Amount of Each Disbursement this Period 236.21
City Rockwall State TX Zip Code 75087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	319.39
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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Wal-Mart

Full Name (Last, First, Middle Initial)

Mailing Address 782 East IH-30

City Rockwall State TX Zip Code 75087

Purpose of Disbursement Supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB17.14583

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	5

Amount of Each Disbursement this Period

33.93

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

[MEMO ITEM]

B. Wal-Mart Grocery

Full Name (Last, First, Middle Initial)

Mailing Address 862 West Rusk Street

City Rockwall State TX Zip Code 75087

Purpose of Disbursement Supplies

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: SB17.14520

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	5

Amount of Each Disbursement this Period

26.84

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

31298.69

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

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

FOR LINE NUMBER: (check only one)

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

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)
HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)

A. Rangerette Showcase Project

Full Name (Last, First, Middle Initial)
Rangerette Showcase Project

Mailing Address

City: Kilgore State: TX Zip Code: 75662

Purpose of Disbursement: Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21.14502

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

500.00

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

B. Texas A&M Commerce Foundation

Full Name (Last, First, Middle Initial)
Texas A&M Commerce Foundation

Mailing Address

City: Commerce State: TX Zip Code: 75429

Purpose of Disbursement: Donation

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB21.14500

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00