

# 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  
Kay Granger Campaign Fund

ADDRESS (number and street) 715 Jones Street, Suite 101  
 Check if different than previously reported. (ACC)  
Fort Worth TX 76102

2. **FEC IDENTIFICATION NUMBER** C00310532  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
TX 12

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 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Rice M. Tilley, Jr.

Signature of Treasurer Electronically Filed by Rice M. Tilley, Jr. Date 04 02 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Kay Granger Campaign Fund

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	137537.76	1131129.66
(b) Total Contribution Refunds (from Line 20(d)).....	400.00	1892.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	137137.76	1129237.10
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	164358.02	812393.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	84.06	17725.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	164273.96	794667.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	387128.39	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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  
 Kay Granger Campaign Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
 Total This Period

**COLUMN B**  
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

63250.00

695507.19

(ii) Unitemized.....

4190.00

62361.00

(iii) TOTAL of contributions

67440.00

757868.19

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

70097.76

373261.47

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

137537.76

1131129.66

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

84.06

17725.99

15. OTHER RECEIPTS

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

1579.48

7929.86

16. TOTAL RECEIPTS (add Lines

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

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

139201.30

1156785.51

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	164358.02	812393.10
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.....	400.00	1792.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	1892.56
21. OTHER DISBURSEMENTS.....	187860.00	376070.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	352618.02	1190355.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	600545.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	139201.30
25. SUBTOTAL (add Line 23 and Line 24).....	739746.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	352618.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	387128.39

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
820 Management Trust

Mailing Address Lee M. Bass, Trustee  
201 Main Street, Suite 2700

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation  
see Lee M. Bass

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 61005.C17694

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lee M. Bass

Mailing Address Bass Brothers Enterprises  
201 Main Street, Suite 2700

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation  
Bass Enterprises Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 61005.C17695

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->820 Management Trust

**C.** Full Name (Last, First, Middle Initial)  
Herbert Abbs

Mailing Address 5506 Houghton Avenue

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2006

Transaction ID: 61005.C17740

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 142
	<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)  
Key Granger Campaign Fund

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

Mailing Address 4200 South Hulen, Suite 617

City State Zip Code  
Fort Worth TX 76109-4911

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

Name of Employer Self Occupation Investor

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  
08 / 17 / 2006

Transaction ID: 61005.C17773

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Anderson

Mailing Address Williams & Jensen  
1155 21st Street, NW, Suite 300

City State Zip Code  
Washington DC 20036

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

Name of Employer Williams & Jensen, PC Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61005.C17876

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steve Ansley

Mailing Address 701 Beverly Drive

City State Zip Code  
Alexandria VA 22302

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

Name of Employer DRS Technologies Occupation Vice President

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  
07 / 24 / 2006

Transaction ID: 61005.C17714

Amount of Each Receipt this Period  
500.00

Receipt  
 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 7 / 142
	<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)  
**Kay Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Anne Armstrong

Mailing Address P.O. Box 1358

City Kingsville State TX Zip Code 78364

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

Name of Employer Self Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 19 / 2006

Transaction ID: 61005.C17696

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
 John B. Ashour

Mailing Address 500 Throckmorton St, Unit 2208

City Fort Worth State TX Zip Code 76102-3809

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

Name of Employer InterConnect Wiring Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61005.C17758

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Mona L. Bailey

Mailing Address 2505 Brook Forest Drive

City Roanoke State TX Zip Code 76262

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

Name of Employer Retired Occupation Retired

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  
 08 / 11 / 2006

Transaction ID: 61005.C17739

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Brian Barnard

Mailing Address 2421 Medford Court West

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Occupation  
Haynes & Boone Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17792

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mercedes Bass

Mailing Address Bass Brothers Enterprises  
201 Main Street, Suite 2700

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17843

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nancy Lee Bass

Mailing Address Bass Brothers Enterprises  
201 Main Street, Suite 3200

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17844

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4700.00
<b>TOTAL</b> 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 / 142
	<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)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Ramona S. Bass		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address Bass Brothers Enterprises 201 Main Street, Suite 2700		Transaction ID: 61005.C17693
City Fort Worth State TX Zip Code 76102	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Homemaker Occupation Homemaker	Election Cycle-to-Date 4200.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Sid R. Bass		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address Bass Brothers Enterprises 201 Main Street, Suite 2700		Transaction ID: 61005.C17842
City Fort Worth State TX Zip Code 76102	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bass Enterprises Occupation Investor	Election Cycle-to-Date 4200.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Jamie Bodiford		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 614 W. Courts Street		Transaction ID: 61005.C17743
City Weatherford State TX Zip Code 76086-5133	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Realtor	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4400.00
<b>TOTAL</b> 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Marshall Brachman

Mailing Address 634 A Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer Self Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2006

Transaction ID: 61005.C17708

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jim Bradshaw

Mailing Address PO Box 100338

City Fort Worth State TX Zip Code 76185-0338

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 61005.C17733

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 5817 Forest River Drive

City Fort Worth State TX Zip Code 76112

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

Name of Employer Self Occupation Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17795

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> 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 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Vernon W. Bryant

Mailing Address 1712 Carleton Ave.

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Retired Occupation Retired

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

750.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17832

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Burdine Realty Company, LLC

Mailing Address 120 W. 3rd Street, Suite 212

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation see Landry Burdine

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

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: 61005.C17883

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Landry Burdine

Mailing Address 120 W. 3rd Street, Suite 212

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Self Occupation Real Estate

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

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: 61005.C17882

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Burdine Realty Company, LLC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Jeff Busby

Mailing Address 4536 Cloudview Road

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer AV-DEC Occupation Sales

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
08 / 22 / 2006

Transaction ID: 61005.C17850

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mac N. Churchill

Mailing Address 325 N. Bailey

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Self Occupation Auto Dealer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt  
08 / 15 / 2006

Transaction ID: 61005.C17759

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barbara Collyar

Mailing Address 3548 Suffolk Drive

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer AV-DEC Occupation Sales/Marketing

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
08 / 22 / 2006

Transaction ID: 61005.C17851

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Gunhild Corbett

Mailing Address 22 Westover Road

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17796

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bradford G. Corbett, Jr.

Mailing Address 64 Westover Terrace

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Corbett Companies Occupation Investments

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  
08 / 18 / 2006

Transaction ID: 61005.C17779

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Will Courtney

Mailing Address 6220 Genoa Road

City State Zip Code  
Fort Worth TX 76116

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

Name of Employer Courtney & Courtney Properties Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17847

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Will Courtney

Mailing Address 6220 Genoa Road

City State Zip Code  
Fort Worth TX 76116

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

Name of Employer Courtney & Courtney Properties  
Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61005.C17881

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tim Curry

Mailing Address 401 West Belknap Street

City State Zip Code  
Fort Worth TX 76196-0201

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

Name of Employer Tarrant County  
Occupation District Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17830

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan Dell

Mailing Address 3400 Toro Canyon Road

City State Zip Code  
Austin TX 78746

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

Name of Employer Homemaker  
Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61005.C17890

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<b>TOTAL</b> 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 / 142
	<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)  
**Key Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Gary P. Dworkin

Mailing Address **2804 W. Bewick**

City **Fort Worth** State **TX** Zip Code **76109-3031**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 30 / 2006**

**Transaction ID: 61005.C17865**

Amount of Each Receipt this Period  
**100.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 James W. Dyer

Mailing Address **3833 Whitman Road**

City **Annandale** State **VA** Zip Code **22003**

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

Name of Employer **Clark & Weinstock** Occupation **Govt Relations**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 24 / 2006**

**Transaction ID: 61005.C17711**

Amount of Each Receipt this Period  
**500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Robert M. Edmund

Mailing Address **310 Bridgeboro Rd.**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Edmund Optics** Occupation **CEO/Chairman**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2006**

**Transaction ID: 61005.C17872**

Amount of Each Receipt this Period  
**500.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Eggleston, Jenkins, Flowers & Key, LLP

Mailing Address 102 Houston Avenue

City State Zip Code  
Weatherford TX 76086

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

Name of Employer Occupation  
see H. David Flowers

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  
08 / 21 / 2006

Transaction ID: 61005.C17849

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Flowers

Mailing Address Eggleston, Jenkins, Flowers & Key,  
102 Houston Avenue

City State Zip Code  
Weatherford TX 76086

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

Name of Employer Occupation  
Eggleston, Jenkins, Flowers & Key, LLP Attorney

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  
08 / 21 / 2006

Transaction ID: 61005.C17895

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Eggleston, Jenkins, Flowers & Key, LLP

**C.** Full Name (Last, First, Middle Initial)  
Richard Egle

Mailing Address 1625 Beulah Road

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
Self Govt Relations Consultant

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  
07 / 24 / 2006

Transaction ID: 61005.C17716

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



# 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 / 142
	<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)  
**Key Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Adam Emanuel

Mailing Address **2219 49th Street NW**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer Self Occupation **Lobbyist**

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  
**07 / 24 / 2006**

**Transaction ID: 61005.C17712**

Amount of Each Receipt this Period  
**500.00**

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

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

Mailing Address **4608 Cloudview**

City **Fort Worth** State **TX** Zip Code **76109**

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

Name of Employer Information Requested Occupation **Information Requested**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**08 / 21 / 2006**

**Transaction ID: 61005.C17800**

Amount of Each Receipt this Period  
**500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Arnold Gachman

Mailing Address **1229 Shady Oaks Lane**

City **Fort Worth** State **TX** Zip Code **76107**

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

Name of Employer **Gamtex Industries, LP** Occupation **Executive**

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  
**08 / 18 / 2006**

**Transaction ID: 61005.C17776**

Amount of Each Receipt this Period  
**500.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Charles L. Geren

Mailing Address P.O. Box 1440

City State Zip Code  
 Fort Worth TX 76101

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: 61005.C17852

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Marvin Girouard

Mailing Address 2433 Medford Court East

City State Zip Code  
 Fort Worth TX 76109-1134

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

Name of Employer Pier 1 Imports Occupation CEO/Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 1 / 2 0 0 6

Transaction ID: 61005.C17802

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Joel Glenn

Mailing Address 7809 County Road 802

City State Zip Code  
 Burleson TX 76028

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

Name of Employer Bass Companies Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 61005.C17787

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 19 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Donald Goff

Mailing Address 8003 Rivermont Court

City State Zip Code  
Springfield VA 22153-2738

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

Name of Employer Occupation  
Elbit Systems of America Vice President Gov. Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: 61005.C17698

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John C. Goff

Mailing Address Crescent Real Estate Equities  
777 Main Street, Suite 2100

City State Zip Code  
Fort Worth TX 76102-5325

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

Name of Employer Occupation  
Crescent Real Estate Equities CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2006

Transaction ID: 61005.C17856

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jeff Grable

Mailing Address 1412 Virginia Place

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Occupation  
Kelly, Hart & Hallman, PC Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2006

Transaction ID: 61005.C17781

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 142
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Robert C. Grable

Mailing Address 208 Hazelwood Drive

City State Zip Code  
 Fort Worth TX 76107-7510

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

Name of Employer Occupation  
 Kelly, Hart & Hallman, PC Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 11 / 2006

**Transaction ID:** 61005.C17873

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Bill Greenhill

Mailing Address 1608 Ashland Avenue

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Occupation  
 Haynes & Boone Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

**Transaction ID:** 61005.C17803

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address Griffith Insurance & Financial Ser  
 P.O. Box 820235

City State Zip Code  
 Fort Worth TX 76182

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

Name of Employer Occupation  
 Griffith Insurance & Financial Insurance/Finance Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

**Transaction ID:** 61005.C17804

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 21 / 142</span>
	(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)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Samuel Hall</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 109 Glenn Eagle		<b>Transaction ID: 61005.C17709</b>
City State Zip Code Oxford MS 38655	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Radiance Technologies Executive	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Halsey</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address Jackson Walker LLP 301 Commerce Street, Suite 2400		<b>Transaction ID: 61005.C17761</b>
City State Zip Code Fort Worth TX 76102	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Jackson Walker, LLP Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Kent Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 2541 Stadium Drive		<b>Transaction ID: 61005.C17846</b>
City State Zip Code Fort Worth TX 76109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cathedral Rock Health Care	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> 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 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Adele Hart

Mailing Address 1500 Alta Drive

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: 61005.C17705

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Albon Head

Mailing Address 13751 Old Weatherford Road

City State Zip Code  
Aledo TX 76008

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

Name of Employer Occupation  
Jackson Walker, LLP Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

Transaction ID: 61005.C17736

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wayne Hermandorfer

Mailing Address 12013 Seven Hills Lane

City State Zip Code  
Clifton VA 20124-2031

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

Name of Employer Occupation  
Lockheed Martin Corp Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: 61005.C17713

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Paul Huang

Mailing Address 422 Ridgewood

City Richardson State TX Zip Code 75080

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

Name of Employer Richland Real Estate Occupation Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 61005.C17775

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Johanna Hurley

Mailing Address 828 Skylark Dr.

City Denton State TX Zip Code 76205

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

Name of Employer Homemaker Occupation Homemaker

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  
 0 8 / 2 2 / 2 0 0 6

Transaction ID: 61005.C17853

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Elton Hyder, III

Mailing Address 900 Alta Drive

City Fort Worth State TX Zip Code 76107

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

Name of Employer The Hyder Companies Occupation President

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  
 0 8 / 2 1 / 2 0 0 6

Transaction ID: 61005.C17833

Amount of Each Receipt this Period  
 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Danny Jensen

Mailing Address 4004 Hartwood

City State Zip Code  
 Fort Worth TX 76109

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

Name of Employer Occupation  
 UNT Health Science Center Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

Transaction ID: 61005.C17858

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Alex Jimenez

Mailing Address 245 Willow Ridge Road

City State Zip Code  
 Fort Worth TX 76103

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

Name of Employer Occupation  
 TXU Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

Transaction ID: 61005.C17809

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Lois J. Kapp

Mailing Address 1200 Summit, Suite 112

City State Zip Code  
 Fort Worth TX 76102

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

Name of Employer Occupation  
 Self CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 11 / 2006

Transaction ID: 61005.C17738

Amount of Each Receipt this Period  
 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 25 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Dee Kelly, Jr.  
 Mailing Address 417 Rivercrest Dr  
 City State Zip Code  
 Fort Worth TX 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kelly, Hart & Hallman, PC Occupation Attorney  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6  
**Transaction ID:** 61005.C17784  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Hollis King  
 Mailing Address 6205 Kenwick Ave.  
 City State Zip Code  
 Fort Worth TX 76116-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNT Health Science Center Occupation Osteopathic Physician  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6  
**Transaction ID:** 61005.C17778  
 Amount of Each Receipt this Period  
 100.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Charles Little  
 Mailing Address 4102 Trail Bend Court  
 City State Zip Code  
 Colleyville TX 76034-4102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Wesleyan University Occupation Associate Dean  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 1 / 2 0 0 6  
**Transaction ID:** 61005.C17811  
 Amount of Each Receipt this Period  
 200.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Dianna Littlepage

Mailing Address 2101 Ridgmar Blvd. Apt 122

City State Zip Code  
Fort Worth TX 76116-2320

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

Name of Employer Self Occupation Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2006

Transaction ID: 61005.C17769

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Malcolm Louden

Mailing Address 709 Alta Drive

City State Zip Code  
Fort Worth TX 76107

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

Name of Employer Walsh Holdings Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: 61005.C17831

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
John H. Maddux

Mailing Address 6363 Newport Court

City State Zip Code  
Fort Worth TX 76116

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

Name of Employer John H. Maddux Inc. Occupation Commercial Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2006

Transaction ID: 61005.C17788

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Sally W. McKeen

Mailing Address 2310 Woodsong Trail

City State Zip Code  
Arlington TX 76016-1037

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

Name of Employer Retired Occupation Retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

Transaction ID: 61005.C17737

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Susan K. Medina

Mailing Address PO Box 470959

City State Zip Code  
Fort Worth TX 76147

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

Name of Employer SKM Communication Strategies Occupation Principal

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2006

Transaction ID: 61005.C17782

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peggy Meeker

Mailing Address 4900 Westridge Ave., #13

City State Zip Code  
Fort Worth TX 76118-8243

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

Name of Employer Homemaker Occupation Homemaker

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

1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17812

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 142
	<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)  
**Key Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Richard Minker

Mailing Address **4258 Altura Road**

City State Zip Code  
**Fort Worth TX 76109**

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

Name of Employer  
 Richard D. Minker Co. Occupation  
 Real Estate Commercial

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 29 2006**

**Transaction ID: 61005.C17861**

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Robert Mitchell

Mailing Address **3501 N. Bellaire Drive, #15**

City State Zip Code  
**Fort Worth TX 76109**

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

Name of Employer  
 Mitchell and Moroneso Insurance Occupation  
 Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 15 2006**

**Transaction ID: 61005.C17762**

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Meto Miteff

Mailing Address **PO Box 937**

City State Zip Code  
**Eules TX 76039**

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

Name of Employer  
 Self Occupation  
 Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 06 2006**

**Transaction ID: 071120068C17685**

Amount of Each Receipt this Period  
 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

**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 29 / 142
	<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)  
 Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Walter Mize

Mailing Address 3520 Country Road 1125

City State Zip Code  
 Cleburne TX 76031-1956

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

Name of Employer Occupation  
 United Heritage Corp. Chairman & CEO

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

2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

Transaction ID: 61005.C17835

Amount of Each Receipt this Period  
 2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Kit Moncrief

Mailing Address 16 Valley Ridge

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Occupation  
 Homemaker Homemaker

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

500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2006

Transaction ID: 61005.C17741

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Terry Montesi

Mailing Address 2101 Bradford Park St.

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Occupation  
 Trademark Companies President and CEO

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

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2006

Transaction ID: 61005.C17862

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Don Munce

Mailing Address 350 NW Lakewood Blvd.

City State Zip Code  
Lees Summit MO 64064

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

Name of Employer Occupation  
NRCCUA President

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  
07 / 24 / 2006

Transaction ID: 61005.C17710

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Omar S. Nashashibi

Mailing Address 1150 K Street, NW, Apt.1303

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
The Franklin Partnership, LLP Partner

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  
07 / 24 / 2006

Transaction ID: 61005.C17706

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Nichols

Mailing Address 401 Oakmont Lane North

City State Zip Code  
Fort Worth TX 76112-1028

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

Name of Employer Occupation  
Calvary Cathedral Pastor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61005.C17894

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Nat ODay

Mailing Address 5017 Eldorado Drive

City State Zip Code  
 N Richland Hills TX 76180

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 17 / 2006

Transaction ID: 61005.C17772

Amount of Each Receipt this Period  
 300.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Patricia J. ONeal

Mailing Address 6655 Laurel Valley Drive

City State Zip Code  
 Fort Worth TX 76132-4476

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

Name of Employer Occupation  
 ONeal Oil Co. Oil & Gas

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61005.C17767

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Joe K. Pace

Mailing Address 6307 Rosemont Avenue

City State Zip Code  
 Fort Worth TX 76116

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

Name of Employer Occupation  
 J. C. Pace, Ltd Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2006

Transaction ID: 61005.C17786

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 32 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Ronald L. Parrish

Mailing Address 1419 Thomas Place

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Self Occupation Retired

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61005.C17763

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Patrick Peterson

Mailing Address 7857 Wintercross Lane

City State Zip Code  
 Springfield VA 22152

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

Name of Employer Strategic Marketing Innovation Occupation Senior Vice President

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2006

Transaction ID: 61005.C17715

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Elaine Petrus

Mailing Address 3736 Country Club Circle

City State Zip Code  
 Fort Worth TX 76109

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2006

Transaction ID: 61005.C17780

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



**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 33 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Reed Pigman

Mailing Address 200 Texas Way

City State Zip Code  
Fort Worth TX 76106-2782

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

Name of Employer Occupation  
Texas Jet, Inc President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2006

Transaction ID: 61005.C17783

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jerry Pipes

Mailing Address 3300 Riverwell Court

City State Zip Code  
Fort Worth TX 76116

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17813

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Betsy Price

Mailing Address 3216 Westcliff Road W

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Occupation  
Tarrant County Tax Assessor Collector

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2006

Transaction ID: 61005.C17764

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 34 / 142
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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Laurie B. Prior		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 1400 Belle Place		Transaction ID: 61005.C17857	
City State Zip Code Fort Worth TX 76107-3363	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Election Cycle-to-Date 450.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Malcolm Quon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 805 Tartan Trail		Transaction ID: 61005.C17818	
City State Zip Code Highland Village TX 75077-3168	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation EFW Inc. Vice President	Election Cycle-to-Date 1500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Larry Ragland		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address 7104 Serrano Drive		Transaction ID: 61005.C17819	
City State Zip Code Fort Worth TX 76126	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Isphere L.L.C. Business Owner	Election Cycle-to-Date 1250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>950.00</b>
<b>TOTAL</b> 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 35 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
John W. Ratliff

Mailing Address 6820 Laurel Valley Drive

City State Zip Code  
Fort Worth TX 76132-4454

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

Name of Employer RCM Corp. Occupation President

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  
08 / 11 / 2006

Transaction ID: 61005.C17735

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mike Reilly

Mailing Address 1017 F.M. Rd. 5

City State Zip Code  
Aledo TX 76008

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

Name of Employer Reilly Brothers Property Co Occupation Developer

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  
08 / 14 / 2006

Transaction ID: 61005.C17749

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2805 Alton Road

City State Zip Code  
Fort Worth TX 76109

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

Name of Employer Roach Enterprises Occupation CEO

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  
08 / 14 / 2006

Transaction ID: 61005.C17750

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Norma Roby

Mailing Address 7578 Morrison Court

City State Zip Code  
 Fort Worth TX 76112-4419

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

**Transaction ID:** 61005.C17765

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Lee Rogers

Mailing Address The Rogers Group  
 201 Pecan St.

City State Zip Code  
 Fort Worth TX 76102-3263

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

Name of Employer The Rogers Group Occupation Advertising Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

**Transaction ID:** 61005.C17821

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Pete Rose

Mailing Address The Franklin Partnership, LLC  
 818 Connecticut Avenue, NW, Suite

City State Zip Code  
 Washington DC 20006

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

Name of Employer The Franklin Partnership, LLC Occupation Founding Partner

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  
 08 / 07 / 2006

**Transaction ID:** 61005.C17729

Amount of Each Receipt this Period  
 1850.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

**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 37 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Harry Rosenthal

Mailing Address 4974 Overton Ridge Blvd.

City State Zip Code  
Fort Worth TX 76132

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

Name of Employer Self Occupation  
Occupation  
Ophthalmologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: 61005.C17855

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Ross

Mailing Address 5508 Susan Lee Lane

City State Zip Code  
North Richland Hil TX 76180

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

Name of Employer Partnership for Children Occupation  
Occupation  
Social Service

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17822

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Sawey

Mailing Address 1206 Powder River Trail

City State Zip Code  
Southlake TX 76092

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

Name of Employer Camp Dresser & McKee Occupation  
Occupation  
Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17823

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 38 / 142
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 D.A. Sharpe

Mailing Address 805 Derting Road East

City State Zip Code  
 Aurora TX 76078-3712

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

Transaction ID: 61005.C17794

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Jin Sheu

Mailing Address 3443 Indian Trail

City State Zip Code  
 Arlington TX 76016

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

Name of Employer Self Occupation Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2006

Transaction ID: 61005.C17766

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Charles M. Simmons

Mailing Address 1120 Shady Oaks Lane

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2006

Transaction ID: 61005.C17751

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Dodie Souder

Mailing Address 305 Brookridge Court

City State Zip Code  
Hurst TX 76054

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17824

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
T.J. Stapleton

Mailing Address 8504 Wendell Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Hunt, Norton & Assoc., Inc. Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: 61005.C17717

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Zan S. Statham

Mailing Address 200 Palo Pinto

City State Zip Code  
Weatherford TX 76086

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

Name of Employer Self Occupation Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: 61005.C17826

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 40 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Kathleen Stevens

Mailing Address 2009 Deepdale Drive

City State Zip Code  
 Fort Worth TX 76107

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

Name of Employer Occupation  
 Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

Transaction ID: 61005.C17827

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Cathy Tarpley

Mailing Address 4105 Eagle Valley Trail

City State Zip Code  
 Ponder TX 76259

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

Name of Employer Occupation  
 Burlington Northern Santa Fe General Director

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  
 08 / 14 / 2006

Transaction ID: 61005.C17752

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Ginny Tigue

Mailing Address 4415 Meandering Way

City State Zip Code  
 Colleyville TX 76034

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

Name of Employer Occupation  
 Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2006

Transaction ID: 61005.C17777

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



# 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 41 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Rice Tilley

Mailing Address 9975 Boat Club Road

City State Zip Code  
Fort Worth TX 76179

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

Name of Employer Haynes & Boone Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2006

Transaction ID: 61005.C17863

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
James R. Toal

Mailing Address 341 Nursery Lane

City State Zip Code  
Fort Worth TX 76114

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

Name of Employer Gideon and Toal, Inc. Occupation City Planner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 61005.C17753

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dennis Todt

Mailing Address 5716 Sunset Road

City State Zip Code  
Fort Worth TX 76114

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

Name of Employer DCM Clean Air Products, Inc. Occupation Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2006

Transaction ID: 61005.C17785

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 42 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
J. Wayne Trimmer

Mailing Address 7601 John McCain Road

City State Zip Code  
Colleyville TX 76034-6876

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

Name of Employer Occupation  
IBS Business Management

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

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** 61005.C17754

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Patty Williams

Mailing Address 5 Crown Road

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Occupation  
Roger Williams Chrysler Dodge President

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

**Transaction ID:** 61005.C17691

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patty Williams

Mailing Address 5 Crown Road

City State Zip Code  
Weatherford TX 76087

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

Name of Employer Occupation  
Roger Williams Chrysler Dodge President

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

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 18 / 2006

**Transaction ID:** 61005.C17774

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 142
	<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)  
**Key Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Don Williamson

Mailing Address **57 Westover Terrace**

City **Fort Worth** State **TX** Zip Code **76107**

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

Name of Employer **Self** Occupation **Investor**

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  
**08 / 14 / 2006**

**Transaction ID: 61005.C17755**

Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 Lucia Wyman

Mailing Address **619 S. Pitt Street**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer **Public Strategies, Inc.** Occupation **Managing Director**

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  
**09 / 28 / 2006**

**Transaction ID: 61005.C17899**

Amount of Each Receipt this Period  
**500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
 Robert Young

Mailing Address **828 Woodridge Street**

City **Fort Worth** State **TX** Zip Code **76120**

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

Name of Employer **Frontier Surveying** Occupation **Land Surveyor**

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  
**09 / 25 / 2006**

**Transaction ID: 61005.C17888**

Amount of Each Receipt this Period  
**500.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>63250.00</b>

**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 44 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Alcon Laboratories Inc. PAC

Mailing Address Cary Rayment, Chairman  
 6201 South Freeway, T3-4

City Fort Worth State TX Zip Code 76134

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

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  
 0 8 / 2 1 / 2 0 0 6

**Transaction ID:** 61005.C17839

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Alliant Techsystems Emp Citizenship Fund

Mailing Address Lynn Heninger, Treasurer  
 1215 South Clark Street, Suite 151

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6

**Transaction ID:** 61005.C17859

Amount of Each Receipt this Period  
 900.46

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

**C.** Full Name (Last, First, Middle Initial)  
 Americas Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Avenue, NW Ste 50  
 Scott B. Styles

City Washington State DC Zip Code 20004

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  
 0 9 / 2 8 / 2 0 0 6

**Transaction ID:** 61005.C17907

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2400.46</b>
<b>TOTAL</b> 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 45 / 142
	<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)  
 Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. American Academy of Dermatology PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Laura Saul Edwards 1350 I Street, NW, Suite 870		Transaction ID: 61005.C17886
City Washington	State DC	Zip Code 20005-3305
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. American Airlines PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address Kevin Fisher 1101 17th Street, NW, Suite 600		Transaction ID: 61005.C17904
City Washington	State DC	Zip Code 20036
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00107300		
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 ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C. American Airlines PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address Kevin Fisher 1101 17th Street, NW, Suite 600		Transaction ID: 61005.C17903
City Washington	State DC	Zip Code 20036
Amount of Each Receipt this Period 2500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C C00107300		
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 ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 46 / 142
	<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)  
**Kay Granger Campaign Fund**

Full Name (Last, First, Middle Initial) <b>A. American Bankers Association BankPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address <b>1120 Connecticut Avenue, NW</b>		<b>Transaction ID: 61005.C17877</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>
Amount of Each Receipt this Period 3000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>B. American Nurses Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address <b>Rachel M. Conant 8515 Georgia Avenue, Suite 400</b>		<b>Transaction ID: 61005.C17734</b>
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20910</b>
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. American Trucking Assoc. Truck PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address <b>John Whittinghill 430 First Street, SE</b>		<b>Transaction ID: 61005.C17893</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-1826</b>
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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 47 / 142
	(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)  
**Kay Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
**American Veterinary Medical Assn PAC**

Mailing Address **1910 Sunderland Place NW**

City **Washington** State **DC** Zip Code **20036-1642**

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  
**08 / 07 / 2006**

**Transaction ID: 61005.C17728**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address **J.B. Hutchison  
 175 E. Houston Room 7-A-50**

City **San Antonio** State **TX** Zip Code **78205**

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

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  
**09 / 28 / 2006**

**Transaction ID: 61005.C17901**

Amount of Each Receipt this Period  
**1000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**Automotive Free International Trade PAC**

Mailing Address **Larry Kull, Chairman  
 1625 Prince Street, Suite 225**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2006**

**Transaction ID: 61005.C17757**

Amount of Each Receipt this Period  
**1500.00**

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 142
	(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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 BAE Systems USA PAC

Mailing Address Claire Kelly  
 1300 N. 17th Street

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 21 / 2006

Transaction ID: 61005.C17699

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 BAE Systems USA PAC

Mailing Address Claire Kelly  
 1300 N. 17th Street

City Arlington State VA Zip Code 22209

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  
 09 / 25 / 2006

Transaction ID: 61005.C17887

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Ball Corporation PAC

Mailing Address Amy B. Stran  
 PO Box 5000

City Broomfield State CO Zip Code 80038-5000

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  
 09 / 27 / 2006

Transaction ID: 61005.C17898

Amount of Each Receipt this Period  
 1000.00

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

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 142
	<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)  
 Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Bass Brothers Enterprises, Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address Dee J. Kelly 201 Main Street, Suite 2500		Transaction ID: 61005.C17841	
City Fort Worth	State TX	Zip Code 76102	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield of SC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address William B. ONeil, Jr. Interstate 20 @ Alpine Road		Transaction ID: 61005.C17871	
City Columbia	State SC	Zip Code 29219	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Boeing Company PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address Rick Schwab 1200 Wilson Blvd.		Transaction ID: 61005.C17730	
City Arlington	State VA	Zip Code 22209	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 4500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 50 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Cash America International PAC

Mailing Address **Mary Jackson**  
 1600 W. 7th Street

City **Fort Worth** State **TX** Zip Code **76102**

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 3750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2006

**Transaction ID:** 61005.C17838

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Chesapeake Energy Corporation

Mailing Address **Federal PAC**  
 P. O. Box 18576

City **Oklahoma City** State **OK** Zip Code **73154**

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

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  
 08 / 29 / 2006

**Transaction ID:** 61005.C17860

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 DaimlerChrysler Corporation PAC

Mailing Address **Robert Liberatore, Senior VP**  
 1000 Chrysler Drive, CIMS 485-09-8

City **Auburn Hills** State **MI** Zip Code **48326-2766**

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

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  
 09 / 27 / 2006

**Transaction ID:** 61005.C17897

Amount of Each Receipt this Period  
 1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 142
	<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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Diane Patrick Campaign

Mailing Address 4000 Shady Valley Ct.

City Arlington State TX Zip Code 76013

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

**Transaction ID:** 61005.C17864

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
FAA Managers Association, Inc. PAC

Mailing Address 1919 Pennsylvania Avenue, NW, Suit

City Washington State DC Zip Code 20006-3404

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2006

**Transaction ID:** 61005.C17902

Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Atomics PAC

Mailing Address Danielle B. Proctor, Treasurer  
P.O. Box 22930

City San Diego State CA Zip Code 92122

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006

**Transaction ID:** 61005.C17687

Amount of Each Receipt this Period  
 2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5100.00</b>
<b>TOTAL</b> 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 52 / 142
	(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)  
 Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) General Dynamics Voluntary PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address Diane Mossler 2941 Fairview Park, Suite 100		Transaction ID: 61005.C17692	
City Falls Church State VA Zip Code 22042		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 6000.00	

Full Name (Last, First, Middle Initial) General Dynamics Voluntary PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006	
Mailing Address Diane Mossler 2941 Fairview Park, Suite 100		Transaction ID: 61005.C17900	
City Falls Church State VA Zip Code 22042		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 9000.00	

Full Name (Last, First, Middle Initial) General Electric Company PAC		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2006	
Mailing Address Cliff LaPlante 1299 Pennsylvania Ave., NW, Suite 1		Transaction ID: 61005.C17845	
City Washington State DC Zip Code 20004-2407		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <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 ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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 53 / 142
	(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)  
**Kay Granger Campaign Fund**

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

Mailing Address **Charles E. Dominy**  
 1150 18th Street, NW, Suite 200

City **Washington** State **DC** Zip Code **20036**

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  
 09 / 29 / 2006

**Transaction ID:** 61005.C17892

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Honeywell International PAC (HIPAC)

Mailing Address **Timothy Keating**  
 101 Constitution Ave., NW, Ste. 50

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 24 / 2006

**Transaction ID:** 61005.C17719

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Hunt Oil Company PAC

Mailing Address **Carl Boetticher, Chairman**  
 1445 Ross at Field

City **Dallas** State **TX** Zip Code **75202-2785**

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

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  
 08 / 10 / 2006

**Transaction ID:** 61005.C17732

Amount of Each Receipt this Period  
 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 J.P. Morgan Chase & Co. PAC

Mailing Address L Thomas Block, Interim Treasurer  
 230 Park Avenue

City State Zip Code  
 New York NY 10169

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  
 07 / 26 / 2006

Transaction ID: 61005.C17702

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 Larry Ryan

Mailing Address Lawrence Ryan International, Inc.  
 PO Box 59558

City State Zip Code  
 Potomac MD 20859

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

Name of Employer Occupation  
 Self Consultant

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  
 07 / 24 / 2006

Transaction ID: 61005.C17916

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Liberty Mutual Insurance Co. PAC

Mailing Address Paul Mattera  
 715 Berkely St.

City State Zip Code  
 Boston MA 02117

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  
 09 / 29 / 2006

Transaction ID: 61005.C17891

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 142
	(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)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. MWH Americas Inc. Employees PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address c/o Gary J. LaPaille, President 1341 G Street, NW, Suite 700		<b>Transaction ID: 61005.C17896</b>	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20005-3131		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commi</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 320 First Street, SE		<b>Transaction ID: 61005.C17756</b>	
City Washington	State DC	Amount of Each Receipt this Period 98.00	
Zip Code 20003		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation	Faxing	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 196.00		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Commi</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 320 First Street, SE		<b>Transaction ID: 61005.C17870</b>	
City Washington	State DC	Amount of Each Receipt this Period 98.00	
Zip Code 20003		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation	Faxing	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 294.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1196.00
<b>TOTAL</b> 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 56 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Natl. Assoc. of Wheat Growers WHEATPAC

Mailing Address Patricia Buschette  
 415 2nd Street, NE, Suite 300

City Washington State DC Zip Code 20002

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  
 09 / 12 / 2006

Transaction ID: 61005.C17878

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 NRA Political Victory Fund

Mailing Address Ben Dupuy, NRA-ILA Federal Liaison  
 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2006

Transaction ID: 61005.C17889

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Occidental Petroleum Corp. OXPAC

Mailing Address Jace Hassett, Vice President  
 1717 Pennsylvania Ave., NW, Suite

City Washington State DC Zip Code 20006

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

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  
 09 / 01 / 2006

Transaction ID: 61005.C17868

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 57 / 142
	(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)  
Key Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
Orbital Sciences Corporation ORBPAC

Mailing Address 21700 Atlantic Boulevard

City State Zip Code  
Sterling VA 20166

FEC ID number of contributing federal political committee. **C** C00195263

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  
09 / 11 / 2006

**Transaction ID:** 61005.C17875

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Powell Goldstein LLP PAC

Mailing Address One Atlantic Center 14th Floor  
1201 W. Peachtree St. NW

City State Zip Code  
Atlanta GA 30309

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  
09 / 28 / 2006

**Transaction ID:** 61005.C17906

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Precision Metalforming Assoc. PMAVIC PAC

Mailing Address Bill Gaskin  
6363 Oak Tree Blvd.

City State Zip Code  
Independence OH 44131-2500

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  
07 / 24 / 2006

**Transaction ID:** 61005.C17726

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 58 / 142
	<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)  
 Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. RadioShack Government Action Fund</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address Arnold Grothues, VP of Govt. Affai 300 RadioShack Circle, MS CF4-204		Transaction ID: 61005.C17840
City Fort Worth State TX Zip Code 76102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00242263		Receipt <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 ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>B. Raytheon PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address John R. Barnes 1100 Wilson Blvd., Suite 1500		Transaction ID: 61005.C17720
City Arlington State VA Zip Code 22209-2297	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Raytheon PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address John R. Barnes 1100 Wilson Blvd., Suite 1500		Transaction ID: 61005.C17905
City Arlington State VA Zip Code 22209-2297	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <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 ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> 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 59 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Robinson for Congress Committee

Mailing Address P.O. Box 272

City State Zip Code  
 Winston Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00386359

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 901.30

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2006

**Transaction ID:** 61005.C17748

Amount of Each Receipt this Period  
 901.30

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

List

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

Mailing Address Todd M. Weiss  
 1301 K Street, NW, Suite 300 East

City State Zip Code  
 Washington DC 20005

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  
 07 / 06 / 2006

**Transaction ID:** 071120068C17684

Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Texas Farm Bureau AGFUND

Mailing Address Vernie R. Glasson, Treasurer  
 P. O. Box 2689

City State Zip Code  
 Waco TX 76702-2689

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

**Transaction ID:** 61005.C17867

Amount of Each Receipt this Period  
 2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5901.30
<b>TOTAL</b> 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 60 / 142
	(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)  
**Kay Granger Campaign Fund**

**A.** Full Name (Last, First, Middle Initial)  
 Texas Good Roads/Transportation PAC

Mailing Address **Lawrence Olsen**  
 1122 Colorado, Suite 305

City **Austin** State **TX** Zip Code **78701**

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

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  
 09 / 15 / 2006

**Transaction ID:** 61005.C17880

Amount of Each Receipt this Period  
 3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 The Williams Companies PAC

Mailing Address **June M. Pennell, PAC Administrator**  
 1627 I Street, NW, Suite 900

City **Washington** State **DC** Zip Code **20006**

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  
 09 / 29 / 2006

**Transaction ID:** 61005.C17908

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Trinity Industries Employee PAC

Mailing Address **Linda Sickels**  
 316 W. 12th St., Suite 102

City **Austin** State **TX** Zip Code **78701**

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  
 08 / 21 / 2006

**Transaction ID:** 61005.C17848

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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 61 / 142
	<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)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 TXU Electric Delivery PAC

Mailing Address 1601 Bryan Street

City State Zip Code  
 Dallas TX 75201

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  
 07 / 13 / 2006

**Transaction ID:** 61005.C17688

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
 United Technologies Employee PAC

Mailing Address Jack Humphries, PAC Chairman  
 1401 Eye Street, NW, Suite 600

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 24 / 2006

**Transaction ID:** 61005.C17725

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
 United Technologies Employee PAC

Mailing Address Jack Humphries, PAC Chairman  
 1401 Eye Street, NW, Suite 600

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2006

**Transaction ID:** 61005.C17879

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>70097.76</b>

**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 62 / 142
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
 Kay Granger

Mailing Address 715 Jones Street, Suite 200

City State Zip Code  
 Ft Worth TX 76102-

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

Name of Employer Occupation  
 U.S. House of Representatives Member of Congress

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

299.94

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 20 / 2006

Transaction ID: 61005.C17697

Amount of Each Receipt this Period  
 84.06

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	84.06
<b>TOTAL</b> This Period (last page this line number only) .....	84.06

**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 63 / 142
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
 Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) Frost Bank (formerly Summit Bank)		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 1600		Transaction ID: 61005.C17727	
City San Antonio	State TX	Amount of Each Receipt this Period 578.53	
Zip Code 78296-		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Note: Interest Income	
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 ▼ 6928.91		

Full Name (Last, First, Middle Initial) Frost Bank (formerly Summit Bank)		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address P.O. Box 1600		Transaction ID: 61005.C17869	
City San Antonio	State TX	Amount of Each Receipt this Period 507.71	
Zip Code 78296-		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Note: Interest Income	
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 ▼ 7436.62		

Full Name (Last, First, Middle Initial) Frost Bank (formerly Summit Bank)		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006	
Mailing Address P.O. Box 1600		Transaction ID: 61005.C17915	
City San Antonio	State TX	Amount of Each Receipt this Period 493.24	
Zip Code 78296-		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Note: Interest Income	
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 ▼ 7929.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1579.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1579.48

# 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)  
Kay Granger Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) ABC Flag Manufacturing Co.		<b>Transaction ID:</b> 61005.E7346 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 212 S. Main		Amount of Each Disbursement this Period 189.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Worth State TX Zip Code 76104-	Category/Type	
Purpose of Disbursement FLAG	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLAG
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

<b>B.</b> Full Name (Last, First, Middle Initial) Aristotle Publishing Inc.		<b>Transaction ID:</b> 61005.E7162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 102.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement CREDIT CARD SERVICE CHARGE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SERVICE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

<b>C.</b> Full Name (Last, First, Middle Initial) Aristotle Publishing Inc.		<b>Transaction ID:</b> 61005.E7227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement DATABASE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DATABASE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2091.95
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Aristotle Publishing Inc.</b>		<b>Transaction ID:</b> 61005.E7282 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 214.00
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 CREDIT CARD SERVICE CHARGE	Candidate Name	CREDIT CARD SERVICE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Aristotle Publishing Inc.</b>		<b>Transaction ID:</b> 61005.E7310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 34.00
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 CREDIT CARD SERVICE CHARGES	Candidate Name	CREDIT CARD SERVICE CHARGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID:</b> 61005.E7152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 650661		Amount of Each Disbursement this Period 366.13
City Dallas State TX Zip Code 75265-0661	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE	Candidate Name	PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>614.13</b>
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 650661 City Dallas State TX Zip Code 75265-0661 Purpose of Disbursement PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61005.E7223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 365.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE
---	--	--

<b>B. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 650661 City Dallas State TX Zip Code 75265-0661 Purpose of Disbursement PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61005.E7297 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 370.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE
---	--	--

<b>C. Blue Cross Blue Shield of Texas</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 2035 City Aurora State IL Zip Code 60507-2035 Purpose of Disbursement EMPLOYEE HEALTH INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61005.E7194 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 977.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EMPLOYEE HEALTH INSURANCE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1713.01
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Cadena Speciality Advertising</b>		Transaction ID: 61005.E7217 Date of Disbursement 08 / 16 / 2006	
Mailing Address 611 W. Main Street		Amount of Each Disbursement this Period 3024.61	
City Arlington State TX Zip Code 76010-	Purpose of Disbursement YARD SIGNS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	YARD SIGNS	

Full Name (Last, First, Middle Initial) <b>B. Capital One</b>		Transaction ID: 61005.E7173 Date of Disbursement 07 / 17 / 2006	
Mailing Address P.O. Box 650010		Amount of Each Disbursement this Period 4651.32	
City Dallas State TX Zip Code 75265-0010	Purpose of Disbursement CREDIT CARD (SEE BELOW)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD (SEE BELOW)	

Full Name (Last, First, Middle Initial) <b>C. America Online</b>		Transaction ID: 61005.E7180 Date of Disbursement 07 / 17 / 2006	
Mailing Address P.O. Box 28640		Amount of Each Disbursement this Period 25.90	
City Jacksonville State FL Zip Code 32226-	Purpose of Disbursement INTERNET	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: INTERNET	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7675.93
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Armands Chicago Pizzeri</b>		Transaction ID: 61005.E7179 Date of Disbursement 07 / 17 / 2006	
Mailing Address 226 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 62.70	
City Washington State DC Zip Code 20003-	Purpose of Disbursement LUNCHEON	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LUNCHEON	

Full Name (Last, First, Middle Initial) <b>B. Cake Love</b>		Transaction ID: 61005.E7183 Date of Disbursement 07 / 17 / 2006	
Mailing Address 1506 U St NW		Amount of Each Disbursement this Period 280.00	
City Washington State DC Zip Code 20009-	Purpose of Disbursement GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: GIFTS	

Full Name (Last, First, Middle Initial) <b>C. The Capital Grille</b>		Transaction ID: 61005.E7177 Date of Disbursement 07 / 17 / 2006	
Mailing Address 601 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 1800.00	
City Washington State DC Zip Code 20004-	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CATERING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 142

<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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Capital One</b>		Transaction ID: 61005.E7174 Date of Disbursement 07 / 17 / 2006
Mailing Address P.O. Box 650010		Amount of Each Disbursement this Period 36.67
City Dallas State TX Zip Code 75265-0010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINANCE CHARGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FINANCE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Central Market</b>		Transaction ID: 61005.E7189 Date of Disbursement 07 / 17 / 2006
Mailing Address 4651 West Freeway Suite A		Amount of Each Disbursement this Period 62.79
City Fort Worth State TX Zip Code 76104-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dell Computers</b>		Transaction ID: 61005.E7188 Date of Disbursement 07 / 17 / 2006
Mailing Address P. O. Box 1200021 Dept. 0762		Amount of Each Disbursement this Period 572.61
City Dallas State TX Zip Code 75312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER	Candidate Name	<b>[MEMO ITEM]</b> MEMO: COMPUTER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Hobby Lobby</b>		Transaction ID: 61005.E7178 Date of Disbursement 07 / 17 / 2006
Mailing Address 5020 S. Hulen Blvd.		Amount of Each Disbursement this Period 47.80
City Fort Worth State TX Zip Code 76132-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: GIFTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Majestic Liquor Stores, Inc.</b>		Transaction ID: 61005.E7186 Date of Disbursement 07 / 17 / 2006
Mailing Address 4520 Camp Bowie Blvd.		Amount of Each Disbursement this Period 407.95
City Fort Worth State TX Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BEVERAGES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: BEVERAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michaels Stores, Inc</b>		Transaction ID: 61005.E7175 Date of Disbursement 07 / 17 / 2006
Mailing Address 4901 Overton Ridge Blvd.		Amount of Each Disbursement this Period 57.64
City Fort Worth State TX Zip Code 76132-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: GIFTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. PO Siam Thai Restaurant</b>		<b>Transaction ID:</b> 61005.E7190 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 2446 18th Street, NW		Amount of Each Disbursement this Period 626.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCHEON Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> 61005.E7181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1660 S. University Drive		Amount of Each Disbursement this Period 17.31
City Fort Worth State TX Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. House Members Dining Room</b>		<b>Transaction ID:</b> 61005.E7182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address U.S. Capitol, Room H117-120		Amount of Each Disbursement this Period 9.95
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 LUNCHEON Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
U.S. House of Representatives

Mailing Address B217 Longworth HOB

City Washington State DC Zip Code 20515-

Purpose of Disbursement GIFTS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61005.E7187  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**  
MEMO: GIFTS

**B.** Full Name (Last, First, Middle Initial)  
United Parcel Service UPS

Mailing Address Lockbox 577

City Carol Stream State IL Zip Code 60132-0577

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61005.E7176  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**  
MEMO: POSTAGE

**C.** Full Name (Last, First, Middle Initial)  
Capital One

Mailing Address P.O. Box 650010

City Dallas State TX Zip Code 75265-0010

Purpose of Disbursement CREDIT CARD (SEE BELOW)

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61005.E7224  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

CREDIT CARD (SEE BELOW)

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A. 1-Stop Mail</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 3437 W. 7th Street</p> <p>City Fort Worth State TX Zip Code 76107-</p> <p>Purpose of Disbursement SHIPPING</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: 61005.E7250</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 192.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: SHIPPING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. America Online</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 28640</p> <p>City Jacksonville State FL Zip Code 32226-</p> <p>Purpose of Disbursement INTERNET</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: 61005.E7249</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 25.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: INTERNET</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Aristotle Publishing Inc.</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DATABASE SUPPORT</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: 61005.E7239</p> <p>Date of Disbursement 08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 883.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: DATABASE SUPPORT</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Cake Love</b>		Transaction ID: 61005.E7253 Date of Disbursement 08 / 01 / 2006	
Mailing Address 1506 U St NW		Amount of Each Disbursement this Period 60.00	
City Washington State DC Zip Code 20009-	Purpose of Disbursement GIFT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: GIFT	

Full Name (Last, First, Middle Initial) <b>B. Capital One</b>		Transaction ID: 61005.E7242 Date of Disbursement 08 / 01 / 2006	
Mailing Address P.O. Box 650010		Amount of Each Disbursement this Period 29.00	
City Dallas State TX Zip Code 75265-0010	Purpose of Disbursement FINANCE CHARGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FINANCE CHARGE	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Florists &amp; Gifts</b>		Transaction ID: 61005.E7243 Date of Disbursement 08 / 01 / 2006	
Mailing Address P. O. Box 2376		Amount of Each Disbursement this Period 425.96	
City Washington State DC Zip Code 20013-	Purpose of Disbursement FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FLOWERS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Central Market</b>		Transaction ID: 61005.E7238 Date of Disbursement 08 / 01 / 2006
Mailing Address 4651 West Freeway Suite A		Amount of Each Disbursement this Period 81.70
City Fort Worth      State TX      Zip Code 76104-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING	
Purpose of Disbursement CATERING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Congressional Liquors</b>		Transaction ID: 61005.E7252 Date of Disbursement 08 / 01 / 2006
Mailing Address 404 First Street, SE		Amount of Each Disbursement this Period 38.78
City Washington      State DC      Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GIFT	
Purpose of Disbursement GIFT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Del Friscos Double Eagle Steakhouse</b>		Transaction ID: 61005.E7236 Date of Disbursement 08 / 01 / 2006
Mailing Address 812 Main Street		Amount of Each Disbursement this Period 1141.09
City Fort Worth      State TX      Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LUNCHEON	
Purpose of Disbursement LUNCHEON Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Extra Space Storage</b>		Transaction ID: 61005.E7256 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 5401 West Rosedale		Amount of Each Disbursement this Period 189.00
City Fort Worth      State TX      Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE -STORAGE	
Purpose of Disbursement OFFICE -STORAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Kinkos, Inc.</b>		Transaction ID: 61005.E7235 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address Customer Administrative Services P.O. Box 672085		Amount of Each Disbursement this Period 174.42
City Dallas      State TX      Zip Code 75267-2085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PRINTING	
Purpose of Disbursement PRINTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 61005.E7237 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 30.02
City Des Moines      State IA      Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Public Storage</b>		Transaction ID: 61005.E7233 Date of Disbursement 08 / 01 / 2006
Mailing Address 8801 West Freeway		Amount of Each Disbursement this Period 95.00
City Fort Worth State TX Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE STORAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ruths Chris Steak House</b>		Transaction ID: 61005.E7241 Date of Disbursement 08 / 01 / 2006
Mailing Address 724 9th Street North West		Amount of Each Disbursement this Period 914.46
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING DINNER	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. House Members Dining Room</b>		Transaction ID: 61005.E7244 Date of Disbursement 08 / 01 / 2006
Mailing Address U.S. Capitol, Room H117-120		Amount of Each Disbursement this Period 44.60
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 LUNCHEON	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. U.S. House of Representatives</b>		Transaction ID: 61005.E7245 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address B217 Longworth HOB		Amount of Each Disbursement this Period 52.92	
City Washington State DC Zip Code 20515-	Purpose of Disbursement GIFTS Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: GIFTS	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service UPS</b>		Transaction ID: 61005.E7246 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 79.47	
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: POSTAGE	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Capital One</b>		Transaction ID: 61005.E7279 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 650010		Amount of Each Disbursement this Period 995.12	
City Dallas State TX Zip Code 75265-0010	Purpose of Disbursement CREDIT CARD (SEE BELOW) Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CREDIT CARD (SEE BELOW)	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	995.12
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<b>A. Public Storage</b> Full Name (Last, First, Middle Initial) Mailing Address 8801 West Freeway City Fort Worth State TX Zip Code 76116- Purpose of Disbursement OFFICE STORAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7281 Date of Disbursement 08 / 23 / 2006 Amount of Each Disbursement this Period 95.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE STORAGE
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<b>B. Splendid Fare Catering</b> Full Name (Last, First, Middle Initial) Mailing Address 1310 Braddock Place City Alexandria State VA Zip Code 22314- Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7287 Date of Disbursement 08 / 23 / 2006 Amount of Each Disbursement this Period 900.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING
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<b>C. Capital One</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 650010 City Dallas State TX Zip Code 75265-0010 Purpose of Disbursement CREDIT CARD (SEE BELOW) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7333 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 3191.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD (SEE BELOW)
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3191.66
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<b>A. Alphagraphics</b> Full Name (Last, First, Middle Initial) Mailing Address 2801 E. Pioneer Pkwy. Suite 106 City Arlington State TX Zip Code 76010- Purpose of Disbursement PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7339 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 210.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PRINTING
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<b>B. America Online</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 28640 City Jacksonville State FL Zip Code 32226- Purpose of Disbursement INTERNET Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7337 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: INTERNET
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<b>C. American Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 619616 City DFW Airport State TX Zip Code 75261- Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61005.E7336 Date of Disbursement 09 / 20 / 2006 Amount of Each Disbursement this Period 232.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. The Broadmoor Hotel</b>		Transaction ID: 61005.E7335 Date of Disbursement 09 / 20 / 2006	
Mailing Address 1 Lake Avenue		Amount of Each Disbursement this Period 210.98	
City Colorado Springs State CO Zip Code 80903-	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL	

Full Name (Last, First, Middle Initial) <b>B. Del Friscos Double Eagle Steakhouse</b>		Transaction ID: 61005.E7334 Date of Disbursement 09 / 20 / 2006	
Mailing Address 812 Main Street		Amount of Each Disbursement this Period 1723.25	
City Fort Worth State TX Zip Code 76102-	Purpose of Disbursement DINNER MEETING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: DINNER MEETING	

Full Name (Last, First, Middle Initial) <b>C. Hobby Lobby</b>		Transaction ID: 61005.E7343 Date of Disbursement 09 / 20 / 2006	
Mailing Address 5020 S. Hulen Blvd.		Amount of Each Disbursement this Period 52.83	
City Fort Worth State TX Zip Code 76132-	Purpose of Disbursement GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: GIFTS	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

<p><b>A. Michaels Restaurant</b></p> <p>Full Name (Last, First, Middle Initial) Michaela Restaurant</p> <p>Mailing Address 3413 W. 7th Street</p> <p>City Fort Worth State TX Zip Code 76102-</p> <p>Purpose of Disbursement LUNCHEON</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7340</p> <p>Date of Disbursement 09 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 112.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: LUNCHEON</p>
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<p><b>B. Michaels Stores, Inc</b></p> <p>Full Name (Last, First, Middle Initial) Michaela Stores, Inc</p> <p>Mailing Address 4901 Overton Ridge Blvd.</p> <p>City Fort Worth State TX Zip Code 76132-</p> <p>Purpose of Disbursement GIFTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7341</p> <p>Date of Disbursement 09 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 86.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: GIFTS</p>
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<p><b>C. Toys Rus-Babies Rus</b></p> <p>Full Name (Last, First, Middle Initial) Toys Rus-Babies Rus</p> <p>Mailing Address 1319 W. Pipeline Rd.</p> <p>City Hurst State TX Zip Code 76053-</p> <p>Purpose of Disbursement GIFTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7338</p> <p>Date of Disbursement 09 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 258.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: GIFTS</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Trover Shop</b>		Transaction ID: 61005.E7342 Date of Disbursement 09 / 20 / 2006
Mailing Address 227 Pennsylvania Ave.		Amount of Each Disbursement this Period 210.44
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 OFFICE EXPENSE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. City Club of Fort Worth</b>		Transaction ID: 61005.E7314 Date of Disbursement 09 / 12 / 2006
Mailing Address 301 Commerce Street		Amount of Each Disbursement this Period 7019.34
City Fort Worth State TX Zip Code 76102-4140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. City Club of Fort Worth</b>		Transaction ID: 61005.E7407 Date of Disbursement 09 / 21 / 2006
Mailing Address 301 Commerce Street		Amount of Each Disbursement this Period 777.98
City Fort Worth State TX Zip Code 76102-4140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name HENRY BONILLA	Category/Type	CATERING
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7797.32</b>
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Dish Network</b>		Transaction ID: 61005.E7204 Date of Disbursement 07 / 26 / 2006	
Mailing Address Dept 0063		Amount of Each Disbursement this Period 53.22	
City Palatine	State IL	Zip Code 60055-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE EXPENSE - TV		Category/ Type	
Candidate Name		OFFICE EXPENSE - TV	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Dish Network</b>		Transaction ID: 61005.E7266 Date of Disbursement 08 / 16 / 2006	
Mailing Address Dept 0063		Amount of Each Disbursement this Period 53.22	
City Palatine	State IL	Zip Code 60055-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE EXPENSE - TV		Category/ Type	
Candidate Name		OFFICE EXPENSE - TV	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dish Network</b>		Transaction ID: 61005.E7352 Date of Disbursement 09 / 21 / 2006	
Mailing Address Dept 0063		Amount of Each Disbursement this Period 53.22	
City Palatine	State IL	Zip Code 60055-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE EXPENSE - TV		Category/ Type	
Candidate Name		OFFICE EXPENSE - TV	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	159.66
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Terry Edwards</b>		Transaction ID: 61005.E7170 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 808.36	
City Arlington	State TX	Zip Code 76012-5759	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Terry Edwards</b>		Transaction ID: 61005.E7213 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 808.36	
City Arlington	State TX	Zip Code 76012-5759	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Terry Edwards</b>		Transaction ID: 61005.E7261 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 808.36	
City Arlington	State TX	Zip Code 76012-5759	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2425.08
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<p><b>A. Terry Edwards</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Terry Edwards</p> <p>Mailing Address 1806 Midpines Court</p> <p>City Arlington State TX Zip Code 76012-5759</p> <p>Purpose of Disbursement REIMBURSEMENT (SEE BELOW)</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7288</p> <p>Date of Disbursement</p> <p>08 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>86.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT (SEE BELOW)</p>
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<p><b>B. Terry Edwards</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Terry Edwards</p> <p>Mailing Address 1806 Midpines Court</p> <p>City Arlington State TX Zip Code 76012-5759</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7289</p> <p>Date of Disbursement</p> <p>08 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>50.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MILEAGE</p>
---	--	--

<p><b>C. Office Depot</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Office Depot</p> <p>Mailing Address P.O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 61005.E7290</p> <p>Date of Disbursement</p> <p>08 / 28 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>29.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>86.18</p>
<p><b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Terry Edwards</b>		Transaction ID: 61005.E7294 Date of Disbursement 09 / 01 / 2006
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 1525.70
City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Terry Edwards</b>		Transaction ID: 61005.E7319 Date of Disbursement 09 / 15 / 2006
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 1525.70
City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Terry Edwards</b>		Transaction ID: 61005.E7362 Date of Disbursement 09 / 29 / 2006
Mailing Address 1806 Midpines Court		Amount of Each Disbursement this Period 1525.70
City Arlington State TX Zip Code 76012-5759	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4577.10
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Extra Space Storage</b>		<b>Transaction ID:</b> 61005.E7351 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 5401 West Rosedale		Amount of Each Disbursement this Period 172.00
City Fort Worth      State TX      Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE - STORAGE		OFFICE - STORAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Roger Fitts</b>		<b>Transaction ID:</b> 61005.E7200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address 5729 Kilpatrick		Amount of Each Disbursement this Period 350.00
City Fort Worth      State TX      Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING		CATERING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Free Enterprise Coalition</b>		<b>Transaction ID:</b> 61005.E7226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 299 S. Capitol Street, S.W. Suite 600		Amount of Each Disbursement this Period 20000.00
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 REDISTRICTING		REDISTRICTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20522.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Frost Bank (formerly Summit Bank)</b>		<b>Transaction ID: 61005.E7168</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 1600		Amount of Each Disbursement this Period 2142.84	
City San Antonio State TX Zip Code 78296-	Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES	

Full Name (Last, First, Middle Initial) <b>B. Michael Gonzales</b>		<b>Transaction ID: 61005.E7150</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 106.94	
City Fort Worth State TX Zip Code 76116-	Purpose of Disbursement REIMBURSEMENT (SEE BELOW) Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT (SEE BELOW)	

Full Name (Last, First, Middle Initial) <b>C. Congresswoman Kay Granger Office Supply</b>		<b>Transaction ID: 60710.E7146</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address 1701 River Run Road, Suite 407		Amount of Each Disbursement this Period 91.80	
City Fort Worth State TX Zip Code 76107-	Purpose of Disbursement FLAGS Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FLAGS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2249.78
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Pottery Barn</b>		Transaction ID: 60710.E7148 Date of Disbursement 07 / 07 / 2006
Mailing Address 1616 S. University Drive		Amount of Each Disbursement this Period 12.99
City Fort Worth      State TX      Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SMALL FLAGS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: SMALL FLAGS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Walgreens</b>		Transaction ID: 60710.E7147 Date of Disbursement 07 / 07 / 2006
Mailing Address 921 Henderson Street		Amount of Each Disbursement this Period 2.15
City Fort Worth      State TX      Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHOTOS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: PHOTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Gonzales</b>		Transaction ID: 61005.E7197 Date of Disbursement 07 / 14 / 2006
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04
City Fort Worth      State TX      Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1654.04
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Michael Gonzales</b>		Transaction ID: 61005.E7212 Date of Disbursement 08 / 01 / 2006	
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04	
City Fort Worth State TX Zip Code 76116-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>B. Michael Gonzales</b>		Transaction ID: 61005.E7260 Date of Disbursement 08 / 15 / 2006	
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04	
City Fort Worth State TX Zip Code 76116-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

Full Name (Last, First, Middle Initial) <b>C. Michael Gonzales</b>		Transaction ID: 61005.E7293 Date of Disbursement 09 / 01 / 2006	
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04	
City Fort Worth State TX Zip Code 76116-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4962.12
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Michael Gonzales</b>		Transaction ID: 61005.E7303 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 62.48
City Fort Worth State TX Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW) Candidate Name		REIMBURSEMENT (SEE BELOW)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Gonzales</b>		Transaction ID: 61005.E7304 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 62.48
City Fort Worth State TX Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE Candidate Name		[MEMO ITEM] MEMO: MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Gonzales</b>		Transaction ID: 61005.E7318 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04
City Fort Worth State TX Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name		SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1716.52
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Michael Gonzales</b>		Transaction ID: 61005.E7361 Date of Disbursement 09 / 29 / 2006
Mailing Address 3635 Dominy Lane #517		Amount of Each Disbursement this Period 1654.04
City Fort Worth      State TX      Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gordon Boswell Flowers</b>		Transaction ID: 61005.E7221 Date of Disbursement 08 / 02 / 2006
Mailing Address 1220 Pennsylvania Avenue		Amount of Each Disbursement this Period 73.56
City Fort Worth      State TX      Zip Code 76104-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kay Granger</b>		Transaction ID: 61005.E7155 Date of Disbursement 07 / 10 / 2006
Mailing Address 715 Jones Street, Suite 200		Amount of Each Disbursement this Period 81.70
City Ft Worth      State TX      Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)	Candidate Name	REIMBURSEMENT (SEE BELOW)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1809.30
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Central Market</b>		Transaction ID: 61005.E7156 Date of Disbursement MM / DD / YYYY 07 / 10 / 2006
Mailing Address 4651 West Freeway Suite A		Amount of Each Disbursement this Period 81.70
City Fort Worth State TX Zip Code 76104-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kay Granger</b>		Transaction ID: 61005.E7269 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 715 Jones Street, Suite 200		Amount of Each Disbursement this Period 107.56
City Ft Worth State TX Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW) Candidate Name	Category/Type	REIMBURSEMENT (SEE BELOW)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Grape Escape</b>		Transaction ID: 61005.E7272 Date of Disbursement MM / DD / YYYY 08 / 15 / 2006
Mailing Address 500 Commerce St.		Amount of Each Disbursement this Period 72.51
City Fort Worth State TX Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LUNCHEON Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	107.56
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Various Taxi Drivers-DC</b>		Transaction ID: 61005.E7270 Date of Disbursement 08 / 15 / 2006	
Mailing Address		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20002-	12.05
Purpose of Disbursement TRAVEL		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>[MEMO ITEM]</b> MEMO: TRAVEL		

Full Name (Last, First, Middle Initial) <b>B. Hawk Electronics</b>		Transaction ID: 61005.E7161 Date of Disbursement 07 / 10 / 2006	
Mailing Address P.O. Box 961027		Amount of Each Disbursement this Period	
City Fort Worth	State TX	Zip Code 76161-	392.45
Purpose of Disbursement PHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	PHONE		

Full Name (Last, First, Middle Initial) <b>C. Hawk Electronics</b>		Transaction ID: 61005.E7229 Date of Disbursement 08 / 07 / 2006	
Mailing Address P.O. Box 961027		Amount of Each Disbursement this Period	
City Fort Worth	State TX	Zip Code 76161-	378.10
Purpose of Disbursement PHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	PHONE		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	770.55
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<b>A. Hawk Electronics</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 961027 City Fort Worth State TX Zip Code 76161- Purpose of Disbursement PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7316</b> Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 301.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE
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<b>B. Inovar Packaging Group</b> Full Name (Last, First, Middle Initial) Mailing Address 602 Magic Mile City Arlington State TX Zip Code 76011- Purpose of Disbursement SIGNS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7201</b> Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 3731.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGNS
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<b>C. Internal Revenue Service</b> Full Name (Last, First, Middle Initial) Mailing Address City Austin State TX Zip Code 73301- Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7286</b> Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 3933.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7966.12
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Transaction ID: 61005.E7305 Date of Disbursement 09 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 2513.48
City Austin	State TX	
Zip Code 73301-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Transaction ID: 61005.E7322 Date of Disbursement 09 / 15 / 2006
Mailing Address		Amount of Each Disbursement this Period 1265.84
City Austin	State TX	
Zip Code 73301-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL TAXES
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Isphere, LLC</b>		Transaction ID: 61005.E7171 Date of Disbursement 07 / 17 / 2006
Mailing Address 2501 Parkview Drive, Suite 305		Amount of Each Disbursement this Period 2646.14
City Fort Worth	State TX	
Zip Code 76102-	Purpose of Disbursement WEBSITE DESIGN	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  WEBSITE DESIGN
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6425.46
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<b>A. Jan Simus Events</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 101886 City Fort Worth State TX Zip Code 76185- Purpose of Disbursement CATERING RENTALS DECORATIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7172</b> Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 14434.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING RENTALS DECORATIONS
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<b>B. Jeremy Wilkinson Consulting</b> Full Name (Last, First, Middle Initial) Mailing Address 6505 Circo Dr. City Granbury State TX Zip Code 76049- Purpose of Disbursement COMPUTER REPAIR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7216</b> Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 77.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER REPAIR
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<b>C. Jones Street Investments</b> Full Name (Last, First, Middle Initial) Mailing Address 715 Jones Street, Suite 200 City Fort Worth State TX Zip Code 76102- Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61005.E7149</b> Date of Disbursement 07 / 03 / 2006 Amount of Each Disbursement this Period 1286.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15798.73
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Jones Street Investments</b>		<b>Transaction ID:</b> 61005.E7209 Date of Disbursement 08 / 01 / 2006
Mailing Address 715 Jones Street, Suite 200		Amount of Each Disbursement this Period 1286.00
City Fort Worth      State TX      Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT	
Purpose of Disbursement RENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Jones Street Investments</b>		<b>Transaction ID:</b> 61005.E7292 Date of Disbursement 09 / 01 / 2006
Mailing Address 715 Jones Street, Suite 200		Amount of Each Disbursement this Period 1286.00
City Fort Worth      State TX      Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT	
Purpose of Disbursement RENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Kathleen Dahle</b>		<b>Transaction ID:</b> 61005.E7300 Date of Disbursement 09 / 01 / 2006
Mailing Address P.O. Box 732		Amount of Each Disbursement this Period 150.00
City Fort Worth      State TX      Zip Code 76101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHOTOGRAPHY	
Purpose of Disbursement PHOTOGRAPHY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2722.00
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Kinkos, Inc.</b>		<b>Transaction ID:</b> 61005.E7264 Date of Disbursement 08 / 15 / 2006
Mailing Address Customer Administrative Services P.O. Box 672085		Amount of Each Disbursement this Period 173.20
City Dallas State TX Zip Code 75267-2085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Konica Minolta Business Solutions</b>		<b>Transaction ID:</b> 61005.E7192 Date of Disbursement 07 / 18 / 2006
Mailing Address P. O. Box 7247-0322		Amount of Each Disbursement this Period 364.77
City Philadelphia State PA Zip Code 19170-0322	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIER RENTAL	Category/Type	COPIER RENTAL
Candidate Name	<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Konica Minolta Business Solutions</b>		<b>Transaction ID:</b> 61005.E7278 Date of Disbursement 08 / 23 / 2006
Mailing Address P. O. Box 7247-0322		Amount of Each Disbursement this Period 364.77
City Philadelphia State PA Zip Code 19170-0322	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPIER RENTAL	Category/Type	COPIER RENTAL
Candidate Name	<input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	902.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 142

<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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Konica Minolta Business Solutions</b>		<b>Transaction ID: 61005.E7348</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address P. O. Box 7247-0322		Amount of Each Disbursement this Period 364.77
City Philadelphia State PA Zip Code 19170-0322	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>COPIER RENTAL</b>	
Purpose of Disbursement COPIER RENTAL		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

Full Name (Last, First, Middle Initial) <b>B. Anastasia Kounelias</b>		<b>Transaction ID: 61005.E7211</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 705 G Street, SE		Amount of Each Disbursement this Period 814.01
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SALARY</b>	
Purpose of Disbursement SALARY		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

Full Name (Last, First, Middle Initial) <b>C. Anastasia Kounelias</b>		<b>Transaction ID: 61005.E7295</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 705 G Street, SE		Amount of Each Disbursement this Period 814.01
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SALARY</b>	
Purpose of Disbursement SALARY		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1992.79
<b>TOTAL</b> 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

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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Anastasia Kounelias</b>		<b>Transaction ID:</b> 61005.E7363 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address 705 G Street, SE		Amount of Each Disbursement this Period 814.01
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 SALARY Candidate Name	Category/Type	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commi</b>		<b>Transaction ID:</b> 61005.C17756IK <b>Date of Disbursement</b> 07 / 19 / 2006
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
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 FAXING Candidate Name	Category/Type	IN KIND: FAXING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Commi</b>		<b>Transaction ID:</b> 61005.C17870IK <b>Date of Disbursement</b> 08 / 28 / 2006
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00
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 FAXING Candidate Name	Category/Type	IN KIND: FAXING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1010.01
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: 61005.E7191 Date of Disbursement 07 / 18 / 2006
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 50.37
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Transaction ID: 61005.E7262 Date of Disbursement 08 / 15 / 2006
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 373.95
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 61005.E7320 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 9020		Amount of Each Disbursement this Period 368.87
City Des Moines State IA Zip Code 50368-9020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	793.19
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Philip Combs Design, Inc.</b>		<b>Transaction ID: 61005.E7205</b> Date of Disbursement 07 / 26 / 2006
Mailing Address 1114 Norwood Street		Amount of Each Disbursement this Period 89.79
City Fort Worth State TX Zip Code 76107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Kasey S. Pipes</b>		<b>Transaction ID: 61005.E7153</b> Date of Disbursement 07 / 10 / 2006
Mailing Address 6329 Kenwick		Amount of Each Disbursement this Period 270.60
City Fort Worth State TX Zip Code 76116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW) Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT (SEE BELOW)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Kinkos, Inc.</b>		<b>Transaction ID: 61005.E7154</b> Date of Disbursement 07 / 10 / 2006
Mailing Address Customer Administrative Services P.O. Box 672085		Amount of Each Disbursement this Period 270.60
City Dallas State TX Zip Code 75267-2085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	360.39
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Kasey S. Pipes</b>		Transaction ID: 61005.E7210 Date of Disbursement 08 / 01 / 2006	
Mailing Address 6329 Kenwick		Amount of Each Disbursement this Period 3423.92	
City Fort Worth	State TX	Zip Code 76116-	<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		<input type="checkbox"/> SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Kasey S. Pipes</b>		Transaction ID: 61005.E7296 Date of Disbursement 09 / 01 / 2006	
Mailing Address 6329 Kenwick		Amount of Each Disbursement this Period 3423.92	
City Fort Worth	State TX	Zip Code 76116-	<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		<input type="checkbox"/> SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Kasey S. Pipes</b>		Transaction ID: 61005.E7364 Date of Disbursement 09 / 29 / 2006	
Mailing Address 6329 Kenwick		Amount of Each Disbursement this Period 3423.92	
City Fort Worth	State TX	Zip Code 76116-	<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		<input type="checkbox"/> SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10271.76
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pitney Bowes</p>		<p><b>Transaction ID:</b> 61005.E7219 <b>Date of Disbursement</b></p>	
<p>Mailing Address PO Box 856460</p>		<p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City Louisville</p>	<p>State KY</p>	<p>Zip Code 40285-6460</p>	
<p>Purpose of Disbursement METER RENTAL</p>		<p>Amount of Each Disbursement this Period <input type="text" value="103.67"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>METER RENTAL</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Print Central, Inc.</p>		<p><b>Transaction ID:</b> 61005.E7157 <b>Date of Disbursement</b></p>	
<p>Mailing Address 7124 Mid Cities Blvd.</p>		<p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City North Richland Hil</p>	<p>State TX</p>	<p>Zip Code 76180-</p>	
<p>Purpose of Disbursement PRINTING</p>		<p>Amount of Each Disbursement this Period <input type="text" value="288.18"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>PRINTING</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Print Central, Inc.</p>		<p><b>Transaction ID:</b> 61005.E7231 <b>Date of Disbursement</b></p>	
<p>Mailing Address 7124 Mid Cities Blvd.</p>		<p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p>	
<p>City North Richland Hil</p>	<p>State TX</p>	<p>Zip Code 76180-</p>	
<p>Purpose of Disbursement PRINTING</p>		<p>Amount of Each Disbursement this Period <input type="text" value="258.94"/></p>	
<p>Candidate Name</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p>PRINTING</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="650.79"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Print Central, Inc.</b>		<b>Transaction ID:</b> 61005.E7302 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6	
Mailing Address 7124 Mid Cities Blvd.		Amount of Each Disbursement this Period 631.36	
City North Richland Hill State TX Zip Code 76180-	Purpose of Disbursement PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING	

Full Name (Last, First, Middle Initial) <b>B. Purchase Power</b>		<b>Transaction ID:</b> 61005.E7220 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address PO Box 856042		Amount of Each Disbursement this Period 205.00	
City Louisville State KY Zip Code 40285-6042	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

Full Name (Last, First, Middle Initial) <b>C. Rightclick Strategies, LLC</b>		<b>Transaction ID:</b> 61005.E7274 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 1140 Connecticut Avenue, NW Suite 610		Amount of Each Disbursement this Period 6595.00	
City Washington State DC Zip Code 20036-	Purpose of Disbursement EMAIL SUBSCRIPTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EMAIL SUBSCRIPTION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7431.36
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Robinson for Congress Committee</b>		<b>Transaction ID:</b> 61005.C17748IK Date of Disbursement 08 / 07 / 2006
Mailing Address P.O. Box 272		Amount of Each Disbursement this Period 901.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND: LIST
City Winston Salem	State NC	
Zip Code 27102-	Category/Type	
Purpose of Disbursement LIST Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pete Rose</b>		<b>Transaction ID:</b> 61005.E7267 Date of Disbursement 08 / 15 / 2006
Mailing Address The Franklin Partnership, LLC 818 Connecticut Avenue, NW, Suite		Amount of Each Disbursement this Period 1142.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT (SEE BELOW)
City Washington	State DC	
Zip Code 20006-	Category/Type	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW) Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 61005.E7268 Date of Disbursement 08 / 15 / 2006
Mailing Address 300 First St. SE		Amount of Each Disbursement this Period 1142.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CATERING
City Washington	State DC	
Zip Code 20515-	Category/Type	
Purpose of Disbursement CATERING Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2043.74
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		Transaction ID: 61005.E7222 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address PO Box 54977		Amount of Each Disbursement this Period 127.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE	
City Los Angeles	State CA		Zip Code 90054-0977
Purpose of Disbursement PHONE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Transaction ID: 61005.E7298 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006	
Mailing Address PO Box 54977		Amount of Each Disbursement this Period 131.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE	
City Los Angeles	State CA		Zip Code 90054-0977
Purpose of Disbursement PHONE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Taylors Rental</b>		Transaction ID: 61005.E7214 Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
Mailing Address 811 University Drive		Amount of Each Disbursement this Period 76.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EQUIPMENT RENTAL	
City Fort Worth	State TX		Zip Code 76107-
Purpose of Disbursement EQUIPMENT RENTAL			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	336.14
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. TCU Florist</b>		<b>Transaction ID:</b> 61005.E7158 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 3131 S. University Drive		Amount of Each Disbursement this Period 62.73
City Fort Worth      State TX      Zip Code 76109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Neal Carlton - Texas GOP Luncheon</b>		<b>Transaction ID:</b> 61005.E7166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 423 Cannon HOB		Amount of Each Disbursement this Period 280.00
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 LUNCHEON	Candidate Name	LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Texas Workforce Commission</b>		<b>Transaction ID:</b> 61005.E7193 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 149037		Amount of Each Disbursement this Period 23.89
City Austin      State TX      Zip Code 78714-9037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	366.62
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. The Eppstein Group</b>		<b>Transaction ID:</b> 61005.E7313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 4055 International Plaza Suite 520		Amount of Each Disbursement this Period 15000.00
City Fort Worth      State TX      Zip Code 76109-		
Purpose of Disbursement SURVEY		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SURVEY
Candidate Name _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____      District: _____		

Full Name (Last, First, Middle Initial) <b>B. TXU Energy</b>		<b>Transaction ID:</b> 61005.E7159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 346.67
City Dallas      State TX      Zip Code 75310-		
Purpose of Disbursement OFFICE EXPENSE-ELECTRIC		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  OFFICE EXPENSE-ELECTRIC
Candidate Name _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____      District: _____		

Full Name (Last, First, Middle Initial) <b>C. TXU Energy</b>		<b>Transaction ID:</b> 61005.E7218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 350.24
City Dallas      State TX      Zip Code 75310-		
Purpose of Disbursement OFFICE EXPENSE - ELECTRIC		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  OFFICE EXPENSE - ELECTRIC
Candidate Name _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____      District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>15696.91</b>
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. TXU Energy</b>		Transaction ID: 61005.E7306 Date of Disbursement 09 / 05 / 2006	
Mailing Address P.O. Box 100001		Amount of Each Disbursement this Period 370.94	
City Dallas State TX Zip Code 75310-	Purpose of Disbursement OFFICE EXPENSE - ELECTRIC	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE EXPENSE - ELECTRIC	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Transaction ID: 61005.E7225 Date of Disbursement 08 / 02 / 2006	
Mailing Address Downtown Station		Amount of Each Disbursement this Period 802.00	
City Fort Worth State TX Zip Code 76101-9999	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

Full Name (Last, First, Middle Initial) <b>C. U.S. Senate Restaurant</b>		Transaction ID: 61005.E7167 Date of Disbursement 07 / 10 / 2006	
Mailing Address		Amount of Each Disbursement this Period 305.33	
City Washington State DC Zip Code 20515-	Purpose of Disbursement LUNCHEON	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LUNCHEON	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1478.27
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7160 Date of Disbursement 07 / 10 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 78.71
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7195 Date of Disbursement 07 / 21 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 179.71
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7215 Date of Disbursement 08 / 02 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 205.13
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	463.55
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7263 <b>Date of Disbursement</b> 08 / 15 / 2006
Mailing Address    Lockbox 577		Amount of Each Disbursement this Period 171.07
City Carol Stream	State    Zip Code IL        60132-0577	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7275 <b>Date of Disbursement</b> 08 / 18 / 2006
Mailing Address    Lockbox 577		Amount of Each Disbursement this Period 59.28
City Carol Stream	State    Zip Code IL        60132-0577	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7299 <b>Date of Disbursement</b> 09 / 01 / 2006
Mailing Address    Lockbox 577		Amount of Each Disbursement this Period 19.49
City Carol Stream	State    Zip Code IL        60132-0577	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State:            District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	249.84
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7315 Date of Disbursement 09 / 12 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 12.53
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7321 Date of Disbursement 09 / 15 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 57.10
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service UPS</b>		<b>Transaction ID:</b> 61005.E7349 Date of Disbursement 09 / 20 / 2006
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 81.55
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	151.18
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service UPS</b>			<b>Transaction ID:</b> 61005.E7355 Date of Disbursement 09 / 26 / 2006	
Mailing Address    Lockbox 577				
City Carol Stream	State IL	Zip Code 60132-0577	Amount of Each Disbursement this Period 259.03	
Purpose of Disbursement POSTAGE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			POSTAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:                      District:				

Full Name (Last, First, Middle Initial) <b>B. Valentine Direct Marketing</b>			<b>Transaction ID:</b> 61005.E7345 Date of Disbursement 09 / 20 / 2006	
Mailing Address    5415 Maple Ave. Suite 230				
City Dallas	State TX	Zip Code 75235-	Amount of Each Disbursement this Period 975.48	
Purpose of Disbursement PRINTING & MAILING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			PRINTING & MAILING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:                      District:				

Full Name (Last, First, Middle Initial) <b>C. West Mail</b>			<b>Transaction ID:</b> 61005.E7265 Date of Disbursement 08 / 15 / 2006	
Mailing Address    2805 Arkansas Lane, Suite F				
City Arlington	State TX	Zip Code 76015-	Amount of Each Disbursement this Period 592.50	
Purpose of Disbursement MAILING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			MAILING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:                      District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1827.01</b>
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Wiley Rein LLP</b>		Transaction ID: 61005.E7202 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 1772.35
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICES	Candidate Name	LEGAL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wiley Rein LLP</b>		Transaction ID: 61005.E7277 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 1750.00
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICES	Candidate Name	LEGAL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wiley Rein LLP</b>		Transaction ID: 61005.E7347 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 1751.75
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL SERVICES	Candidate Name	LEGAL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5274.10
<b>TOTAL</b> 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)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Williams &amp; Jensen, PLLC</b>		<b>Transaction ID: 61005.E7273</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 570.62	
City Washington State DC Zip Code 20036-	Purpose of Disbursement CATERING Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

CATERING

Full Name (Last, First, Middle Initial) <b>B. World Ahead Publishing</b>		<b>Transaction ID: 61005.E7163</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	
Mailing Address 2463 W 208th St. Suite 201		Amount of Each Disbursement this Period 9260.50	
City Torrance State CA Zip Code 90501-6238	Purpose of Disbursement BOOK PURCHASE Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

BOOK PURCHASE

**SUBTOTAL** of Disbursements This Page (optional) .....

9831.12

**TOTAL** This Period (last page this line number only) .....

164106.19

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. All Saints Catholic Church</b>		<b>Transaction ID:</b> 61005.E7309 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 214 NW 20th Street		Amount of Each Disbursement this Period 250.00
City Fort Worth State TX Zip Code 76106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alzheimers Association of N. Central TX</b>		<b>Transaction ID:</b> 61005.E7312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 101 Summit Avenue, Suite 300		Amount of Each Disbursement this Period 1000.00
City Fort Worth State TX Zip Code 76102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Armed Forces Foundation</b>		<b>Transaction ID:</b> 61005.E7232 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 16 North Carolina Avenue, SE		Amount of Each Disbursement this Period 100.00
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 DONATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO:Donation

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Bass Victory Committee</b>		Transaction ID: 61005.E7382 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 3451		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Concord State NH Zip Code 03302-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name CHARLES F. BASS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. Brian Bilbray for Congress</b>		Transaction ID: 61005.E7369 Date of Disbursement 09 / 29 / 2006
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carlsbad State CA Zip Code 92009-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name BRIAN P BILBRAY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 50	

Full Name (Last, First, Middle Initial) <b>C. Bilirakis for Congress</b>		Transaction ID: 61005.E7392 Date of Disbursement 09 / 29 / 2006
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33606-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name GUS MICHAEL BILIRAKIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Blasdel for Congress</b>		Transaction ID: 61005.E7396 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 479		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lisbon State OH Zip Code 44432-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name CHUCK BLASDEL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 06	

Full Name (Last, First, Middle Initial) <b>B. Jeb Bradley for Congress</b>		Transaction ID: 61005.E7380 Date of Disbursement 09 / 29 / 2006
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wolfeboro State NH Zip Code 03894-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name JOSEPH E III BRADLEY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01	

Full Name (Last, First, Middle Initial) <b>C. Vern Buchanan for Congress</b>		Transaction ID: 61005.E7393 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 48928		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34230-	<input type="checkbox"/>	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name VERNON BUCHANAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Friends of Max Burns</b>		Transaction ID: 61005.E7402 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 1965		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sylvania	State GA	
Zip Code 30467-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name O MAXIE BURNS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 12		

Full Name (Last, First, Middle Initial) <b>B. Shelley Moore Capito for Congress</b>		Transaction ID: 61005.E7371 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 11519		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charleston	State WV	
Zip Code 25339-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name SHELLEY MOORE CAPITO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 02		

Full Name (Last, First, Middle Initial) <b>C. Chris Chocola for Congress</b>		Transaction ID: 61005.E7385 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 6728		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Bend	State IN	
Zip Code 46660-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name J CHRISTOPHER CHOCOLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Cubin for Congress</b>		Transaction ID: 61005.E7375 Date of Disbursement 09 / 29 / 2006
Mailing Address Barbara Cubin P. O. Box 4657		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casper	State WY	
Zip Code 82604-	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name BARBARA L CUBIN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Cubin for Congress</b>		Transaction ID: 61005.E7323 Date of Disbursement 09 / 15 / 2006
Mailing Address Barbara Cubin P. O. Box 4657		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Casper	State WY	
Zip Code 82604-	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name BARBARA L CUBIN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY District: 01		

Full Name (Last, First, Middle Initial) <b>C. Dallas County Young Republicans</b>		Transaction ID: 61005.E7203 Date of Disbursement 07 / 26 / 2006
Mailing Address P. O. Box 192741		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas	State TX	
Zip Code 75219-	Purpose of Disbursement DONATION	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Geoff Davis for Congress</b>		<b>Transaction ID:</b> 61005.E7367 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Erlanger State KY Zip Code 41018-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name GEOFFREY C DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dreier for Congress Committee</b>		<b>Transaction ID:</b> 61005.E7378 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Upland State CA Zip Code 91785-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name DAVID DREIER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Faith &amp; Politics Institute</b>		<b>Transaction ID:</b> 61005.E7196 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 110 Maryland Avenue, NE, Suite 504		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-		
Purpose of Disbursement DONATION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Ferguson</b>		Transaction ID: 61005.E7372 Date of Disbursement 09 / 29 / 2006
Mailing Address c/o Ron Gravino P. O. Box 225		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Colonia State NJ Zip Code 07067-	Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name MIKE FERGUSON Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fort Worth Airpower Foundation</b>		Transaction ID: 61005.E7301 Date of Disbursement 09 / 01 / 2006
Mailing Address 8030 Camp Bowie W		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Worth State TX Zip Code 76116-	Purpose of Disbursement DONATION Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fort Worth Metropolitan Black Chamber</b>		Transaction ID: 61005.E7317 Date of Disbursement 09 / 15 / 2006
Mailing Address 1150 S Fwy Suite 211		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Worth State TX Zip Code 76104-	Purpose of Disbursement MEMBERSHIP Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Jeff Fortenberry for</b>		<b>Transaction ID: 61005.E7384</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address United States Congress 16110 N Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68508-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name JEFF FORTENBERRY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of John Hostettler</b>		<b>Transaction ID: 61005.E7386</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 3676		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evansville State IN Zip Code 47735-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name JOHN NATHAN HOSTETTLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Gary Fickes Campaign</b>		<b>Transaction ID: 61005.E7165</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 2875 Exchange		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southlake State TX Zip Code 76092-	Category/ Type	
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Hastert for Congress</b>		<b>Transaction ID:</b> 61005.E7208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Batavia State IL Zip Code 60510-	Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hayes for Congress</b>		<b>Transaction ID:</b> 61005.E7377 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Concord State NC Zip Code 28026-	Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heller for Congress</b>		<b>Transaction ID:</b> 61005.E7397 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89136-	Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Lamberti for Congress</b>		Transaction ID: 61005.E7405 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 785		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ankeny State IA Zip Code 50021-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name JEFFREY LAMBERTI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	

Full Name (Last, First, Middle Initial) <b>B. Johnson for Congress Committee</b>		Transaction ID: 61005.E7328 Date of Disbursement 09 / 15 / 2006
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Britain State CT Zip Code 06050-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name NANCY L. JOHNSON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	

Full Name (Last, First, Middle Initial) <b>C. Kirk for Congress</b>		Transaction ID: 61005.E7379 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 8		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winnetka State IL Zip Code 60093-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name MARK STEVEN KIRK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Kuhl for Congress</b>		<b>Transaction ID:</b> 61005.E7383 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name JOHN R JR KUHL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ron Lewis for Congress</b>		<b>Transaction ID:</b> 61005.E7389 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 307		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elizabethtown State KY Zip Code 42702-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name RON LEWIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lisa Ramsey Benefit</b>		<b>Transaction ID:</b> 61005.E7164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 5008 Overton Park, #222		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Worth State TX Zip Code 76135-		
Purpose of Disbursement DONATION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Mac Collins for Congress</b>		<b>Transaction ID:</b> 61005.E7404 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 962		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State GA Zip Code 30233-	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name MICHAEL ALLEN COLLINS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. David McSweeney for Congress 2006</b>		<b>Transaction ID:</b> 61005.E7403 Date of Disbursement 09 / 29 / 2006
Mailing Address 890 South Rand Rd. Suite C		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Zurich State IL Zip Code 60047-	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name S. DAVID MCSWEENEY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ray Meier for Congress Committee</b>		<b>Transaction ID:</b> 61005.E7398 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 120		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13503-	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name RAYMOND MEIER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Musgrave for Congress</b>		<b>Transaction ID: 61005.E7332</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 118 West Charlotte Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnstown State CO Zip Code 80534-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name MARILYN N MUSGRAVE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commi</b>		<b>Transaction ID: 61005.E7357</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/ Type	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Commi</b>		<b>Transaction ID: 61005.E7206</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 100000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/ Type	
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	126000.00
<b>TOTAL</b> 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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Northrup for Congress</b>		Transaction ID: 61005.E7325 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40207-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name ANNE M NORTHRUP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Coloradans for Rick ODonnell</b>		Transaction ID: 61005.E7401 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 260693		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80226-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name RICK ODONNELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Joy Padgett for Congress</b>		Transaction ID: 61005.E7391 Date of Disbursement 09 / 29 / 2006
Mailing Address 871 Walnut Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coshocton State OH Zip Code 43812-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name JOY PADGETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Parker County Republican Party</b>		<b>Transaction ID:</b> 61005.E7308 Date of Disbursement 09 / 05 / 2006
Mailing Address 200 Palo Pinto		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Weatherford State TX Zip Code 76086-		
Purpose of Disbursement DONATION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. People with Hart</b>		<b>Transaction ID:</b> 61005.E7373 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 435		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wexford State PA Zip Code 15090-		
Purpose of Disbursement FEDERAL CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Phil King Campaign Fund</b>		<b>Transaction ID:</b> 61005.E7276 Date of Disbursement 08 / 23 / 2006
Mailing Address P.O. Box 1973		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Weatherford State TX Zip Code 76086-		
Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Richard Pombo for Congress</b>		<b>Transaction ID:</b> 61005.E7370 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2150 River Plaza Dr. #150 Suite 1560		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95833-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name RICHARD POMBO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Porter for Congress</b>		<b>Transaction ID:</b> 61005.E7381 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89126-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID:</b> 61005.E7327 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name DEBORAH D. PRYCE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Pryce for Congress</b>		<b>Transaction ID:</b> 61005.E7358 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name DEBORAH D. PRYCE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ralph Norman for Congress</b>		<b>Transaction ID:</b> 61005.E7360 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 36335		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rock Hill State SC Zip Code 29732-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Roskam for Congress Committee</b>		<b>Transaction ID:</b> 61005.E7399 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 423 W. Wesley Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheaton State IL Zip Code 60189-		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name PETER ROSKAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Sali for Congress</b>		<b>Transaction ID:</b> 61005.E7394 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kuna	State ID OH	
Zip Code 83634-	Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name WILLIAM T. T SALI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ID	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Schmidt for Congress Committee</b>		<b>Transaction ID:</b> 61005.E7329 <b>Date of Disbursement</b> 09 / 15 / 2006
Mailing Address 771 Wards Corner Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Loveland	State ID OH	
Zip Code 45140-	Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name JEANNETTE H SCHMIDT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Sekula Gibbs for Congress</b>		<b>Transaction ID:</b> 61005.E7285 <b>Date of Disbursement</b> 08 / 24 / 2006
Mailing Address PO Box 890954		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston	State ID TX	
Zip Code 77289-0954	Category/Type	
Purpose of Disbursement FEDERAL CONTRIBUTION - TX-22		
Candidate Name SHELLEY MD SEKULA-GIBBS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 22	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Key Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Christopher Shays for Congress Committee</b>		<b>Transaction ID: 61005.E7387</b> Date of Disbursement 09 / 29 / 2006
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Norwalk State CT Zip Code 06851-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name CHRISTOPHER SHAYS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Don Sherwood</b>		<b>Transaction ID: 61005.E7366</b> Date of Disbursement 09 / 29 / 2006
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tunkhannock State PA Zip Code 18675-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name DONALD L. SHERWOOD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Simmons for Congress</b>		<b>Transaction ID: 61005.E7374</b> Date of Disbursement 09 / 29 / 2006
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stonington State CT Zip Code 06378-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name ROB SIMMONS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Adrian Smith for Congress</b>		Transaction ID: 61005.E7400 Date of Disbursement 09 / 29 / 2006
Mailing Address 3321 Avenue I Suite 6		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scottsbluff	State NE Zip Code 69361-	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name ADRIAN SMITH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 03		

Full Name (Last, First, Middle Initial) <b>B. Sue Kelly for Congress</b>		Transaction ID: 61005.E7330 Date of Disbursement 09 / 15 / 2006
Mailing Address P. O. Box 599		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Katonah	State NY Zip Code 10536-	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name SUE W KELLY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) <b>C. Sweeney for Congress Inc</b>		Transaction ID: 61005.E7395 Date of Disbursement 09 / 29 / 2006
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clifton Park	State NY Zip Code 12065-	
Purpose of Disbursement FEDERAL CONTRIBUTION- HOUSE NY-20		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

**A.** Charles Taylor for Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2355

City Asheville State NC Zip Code 28802-

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name  
CHARLES H TAYLOR

Office Sought:  House  
 Senate  
 President

State: NC District: 11

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** 61005.E7368

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

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

**B.** Texans for Greg Abbott

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 308

City Austin State TX Zip Code 78767-

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** 61005.E7356

Date of Disbursement

09 / 27 / 2006

Amount of Each Disbursement this Period

500.00

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

**C.** Thelma Drake for Congress

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 61480

City Virginia Beach State VA Zip Code 23466-

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name  
THELMA D. DRAKE

Office Sought:  House  
 Senate  
 President

State: VA District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** 61005.E7326

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Turner for Congress</b>		Transaction ID: 61005.E7390 Date of Disbursement 09 / 29 / 2006
Mailing Address 131 N. Ludlow Street Suite 317		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dayton State OH Zip Code 45402-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name MIKE TURNER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Weldon Victory Committee</b>		Transaction ID: 61005.E7365 Date of Disbursement 09 / 29 / 2006
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Media State PA Zip Code 19063-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name CURTIS W. WELDON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson for Congress</b>		Transaction ID: 61005.E7331 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albuquerque State NM Zip Code 87191-	Category/ Type	
Purpose of Disbursement FEDERAL CONTRIBUTION		
Candidate Name HEATHER A. WILSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Wise County Republican Party</b>		<b>Transaction ID:</b> 61005.E7359 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 805 Derting Rd		Amount of Each Disbursement this Period 500.00
City Aurora State TX Zip Code 76078-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Frank Wolf</b>		<b>Transaction ID:</b> 61005.E7388 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 710235		Amount of Each Disbursement this Period 1000.00
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name FRANK R WOLF		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

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

187800.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Kay Granger Campaign Fund

Full Name (Last, First, Middle Initial) <b>A. Charles L. Geren</b>		Transaction ID: 61005.E7284 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 1440		Amount of Each Disbursement this Period 400.00	
City Fort Worth	State TX	Zip Code 76101-	010 Category/ Type
Purpose of Disbursement Refund of Contribution Refund of Excessi 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>400.00</b>