

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Bachus for Congress Committee

ADDRESS (number and street) P.O. Box 131134

Check if different than previously reported. (ACC)

Birmingham AL 35213

2. **FEC IDENTIFICATION NUMBER** C00260547

**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

AL 06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on in the State of

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

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Randy Dempsey

Signature of Treasurer Electronically Filed by Randy Dempsey Date 12 22 2008

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

Bachus for Congress Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	156847.00	1294169.93
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	156847.00	1294169.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	84663.99	801067.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	1235.00	1735.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	83428.99	799332.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	793927.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Bachus for Congress Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

52099.00

455279.00

(ii) Unitemized.....

748.00

3823.00

(iii) TOTAL of contributions

52847.00

459102.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

104000.00

835067.93

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

156847.00

1294169.93

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.).....

1235.00

1735.00

15. OTHER RECEIPTS

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

-59603.01

139115.63

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

98478.99

1435020.56

**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.....	84663.99	801067.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	349292.40	578266.40
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	433956.39	1379333.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1129405.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	98478.99
25. SUBTOTAL (add Line 23 and Line 24).....	1227884.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	433956.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	793927.89

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address P.O. Box 15555

City State Zip Code  
Wilmington DE 19850-0000

FEC ID number of contributing federal political committee. C C00279604

Name of Employer Occupation  
Advanta PAC

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2008

**Transaction ID:** 81014.C10654

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)  
Am Soc of Anesthesiologists PAC

Mailing Address 520 N. Northwest Highway

City State Zip Code  
Park Ridge IL 60068-2573

FEC ID number of contributing federal political committee. C C00255752

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** 81014.C10751

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-3905

FEC ID number of contributing federal political committee. C C00004275

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2008

**Transaction ID:** 81014.C10701

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 11000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
American Forest & Paper Assn PAC

Mailing Address 1111 Nineteenth Street, NW  
Suite 800

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2008

Transaction ID: 81014.C10659

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)  
Appraisal Institute PAC

Mailing Address 2600 Virginia Ave NW  
Suite 123

City State Zip Code  
Washington DC 20037-1906

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer Occupation  
Appraisal Institute PAC Director, Governmental Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: 81014.C10711

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)  
Associated General Contractors

Mailing Address 1041 Ambassador Court

City State Zip Code  
Montgomery AL 36117

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2008

Transaction ID: 81014.C10708

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Assurant Inc. PAC

Mailing Address 501 West Michigan  
CC39901

City State Zip Code  
Milwaukee WI 53201-3050

FEC ID number of contributing federal political committee. C C00185694

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
07 / 18 / 2008

**Transaction ID:** 81014.C10652

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 PAC

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

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. C C00109017

Name of Employer Occupation  
AT&T PAC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
07 / 29 / 2008

**Transaction ID:** 81014.C10656

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)  
Better Govt Awareness Comm of 1st Am

Mailing Address P.O. Box 10686

City State Zip Code  
Birmingham AL 35202

FEC ID number of contributing federal political committee. C C00164863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
07 / 07 / 2008

**Transaction ID:** 80710.C10643

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) ..... 5500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
BOEING Political Action Committee

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 05 / 2008  
**Transaction ID:** 81014.C10665  
 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)  
Build PAC

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 09 / 15 / 2008  
**Transaction ID:** 81014.C10757  
 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)  
Chesapeake Energy Corp Federal PAC

Mailing Address P.O. Box 18576

City Oklahoma City State OK Zip Code 73112

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 26 / 2008  
**Transaction ID:** 81014.C10689  
 Amount of Each Receipt this Period: 2500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Citigroup Inc. Federal PAC

Mailing Address 1101 Pennsylvania Avenue, N.W.  
Suite 1000

City State Zip Code  
Washington DC 20004-2524

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 6 / 2 0 0 8

**Transaction ID:** 81014.C10702

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CME Group PAC (Chicago Board Of Trade)

Mailing Address 701 Pennsylvania Avenue, NW  
Plaza Suite 01

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** 81014.C10671

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Colonial BancGroup Federal PAC

Mailing Address 1 Commerce St  
8th Floor

City State Zip Code  
Montgomery AL 36104-3510

FEC ID number of contributing federal political committee. **C** C00309526

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** 81014.C10718

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103-0000

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** 81014.C10714  
 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)  
Commercial Mortgage Security Assn PAC

Mailing Address 30 Broad Street  
28th Floor

City New York State NY Zip Code 10004-2304

FEC ID number of contributing federal political committee. **C** C00411173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 02 / 2008  
**Transaction ID:** 81014.C10706  
 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)  
Committee For Fairness In Government

Mailing Address 1900 Crestwood Blvd.  
Suite 300

City Birmingham State AL Zip Code 35210

FEC ID number of contributing federal political committee. **C** C00322172

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** 81014.C10720  
 Amount of Each Receipt this Period: 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 127  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address 605 Richard Arrington Jr. Blvd. N.

City Birmingham State AL Zip Code 35203-2707

FEC ID number of contributing federal political committee. **C** C00135855

Name of Employer Energen Corporation PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10721

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)  
Genworth Financial PAC

Mailing Address 701 13th Street, NW Suite 710

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 08 / 21 / 2008  
**Transaction ID:** 81014.C10709

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)  
Holland & Knight Comm for Eff Govt

Mailing Address 2099 Pennsylvania Ave NW Suite 100

City Washington State DC Zip Code 20006-6800

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10697

Amount of Each Receipt this Period 2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
HSBC North America PAC

Mailing Address 1401 I Street, NW  
Suite 520

City Washington State DC Zip Code 20005-2213

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
07 / 29 / 2008

**Transaction ID:** 81014.C10655

Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Independent Insur Agents of Am PAC

Mailing Address 412 1st St SE  
Suite 300

City Washington State DC Zip Code 20003-1855

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt MM / DD / YYYY  
08 / 14 / 2008

**Transaction ID:** 81014.C10666

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)  
Independent Insur Agents of Am PAC

Mailing Address 412 1st St SE  
Suite 300

City Washington State DC Zip Code 20003-1855

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** 81014.C10741

Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
John Hancock Financial Services PAC

Mailing Address 601 Congress Street  
13th Floor, Z-13-030

City State Zip Code  
Boston MA 02110

FEC ID number of contributing federal political committee. **C** C00137265

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2008

Transaction ID: 81014.C10699

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)  
Mastercard International, Inc, PAC

Mailing Address 1401 Eye Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00410274

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: 81014.C10716

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)  
Morgan Stanley PAC

Mailing Address 401 9th Street, NW  
Suite 650

City State Zip Code  
Washington DC 20004-2127

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: 81014.C10719

Amount of Each Receipt this Period

3000.00

Receipt

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

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

6500.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
National Assn of Chain Drug Stores NACDS

Mailing Address 413 N. Lee Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 14 / 2008

Transaction ID: 81014.C10669

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)  
National Association of Broadcasters PAC

Mailing Address 1771 N Street, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2008

Transaction ID: 81014.C10698

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)  
National Venture Capital Assoc. PAC

Mailing Address 1655 Fort Myer Drive  
Suite 850

City State Zip Code  
Arlington VA 22209-3113

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2008

Transaction ID: 81014.C10657

Amount of Each Receipt this Period

2500.00

Receipt

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

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

4500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
NFIB Safe Trust PAC

Mailing Address 1201 F Street, NW  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer NFIB Safe Trust Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10722  
 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)  
Norfolk Southern Corp Good Govt Fund

Mailing Address 3 Commercial PI

City Norfolk State VA Zip Code 23510-2191

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10715  
 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)  
Oldcastle Materials, Inc. PAC

Mailing Address 3333 K St NW  
Suite 405

City Washington State DC Zip Code 20007-3500

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81014.C10658  
 Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
OSI Restaurant Partners PAC

Mailing Address 2202 N. West Shore Blvd.  
5th Floor

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** 81014.C10746  
 Amount of Each Receipt this Period: 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pacific Life Insurance Co. PAC

Mailing Address 700 Newport Center Drive

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 08 / 14 / 2008  
**Transaction ID:** 81014.C10667  
 Amount of Each Receipt this Period: 3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
PMI Mortgage Insurance Co Fed PAC

Mailing Address 3003 Oak Road

City Walnut Creek State CA Zip Code 94597

FEC ID number of contributing federal political committee. **C** C00347112

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 07 / 29 / 2008  
**Transaction ID:** 81014.C10660  
 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) ..... ▶ **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Realtors PAC  
Mailing Address 430 N Michigan Ave  
City Chicago State IL Zip Code 60611-4011  
FEC ID number of contributing federal political committee. **C** C70002563  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00  
Date of Receipt 09 / 22 / 2008  
Transaction ID: 81014.C10674  
Amount of Each Receipt this Period 5000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Safeway Inc. PAC SafePAC  
Mailing Address 5918 Stoneridge Mall Road  
City Pleasanton State CA Zip Code 94588-3229  
FEC ID number of contributing federal political committee. **C** C00194084  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: 81014.C10710  
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)  
Sallie Mae, Inc. PAC  
Mailing Address 701 Pennsylvania Avenue, NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00331835  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: 81014.C10712  
Amount of Each Receipt this Period 2500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 127
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Security Traders Assoc PAC		Date of Receipt
	Mailing Address 420 Lexington Avenue Suite 2334		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10170
	FEC ID number of contributing federal political committee.		<input type="text" value="C00326256"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 81014.C10700
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) SIFMA-PAC Securities Industry Assoc.		Date of Receipt
	Mailing Address 1425 K Street, NW 7th Floor		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C00431312"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 81014.C10670
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="10000.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Sonnenschein PAC		Date of Receipt
	Mailing Address 1301 K Street N.W. Suite 600, East Tower		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C00216127"/>
Name of Employer		Occupation	<b>Transaction ID:</b> 81014.C10661
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sun PAC Sunoco, Inc.  
Mailing Address 1735 Market Street, Suite LL  
City Philadelphia State PA Zip Code 19103-7583  
FEC ID number of contributing federal political committee. **C** C00025346  
Name of Employer Sunaco, Inc. Occupation Dir, Govt Relations  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt 08 / 01 / 2008  
Transaction ID: 81014.C10664  
Amount of Each Receipt this Period 1500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Union Pacific Corp Fnd for Effective Gov  
Mailing Address 600 13th St NW Suite 340  
City Washington State DC Zip Code 20005-3005  
FEC ID number of contributing federal political committee. **C** C00010470  
Name of Employer Union Pacific Fund for Effective Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00  
Date of Receipt 08 / 14 / 2008  
Transaction ID: 81014.C10668  
Amount of Each Receipt this Period 3000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
USAA Group PAC  
Mailing Address 601 Pennsylvania Avenue, Suite 225  
City Washington State DC Zip Code 20004-0000  
FEC ID number of contributing federal political committee. **C** C00164145  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4500.00  
Date of Receipt 07 / 18 / 2008  
Transaction ID: 81014.C10653  
Amount of Each Receipt this Period 2500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7000.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 20 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address 800 Nicollet Mall  
BC-MN-H210

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00018036

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

**Transaction ID:** 81014.C10713

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Corp Employees Good Govt Fund

Mailing Address 301 South College Street, TW22  
NC0024

City State Zip Code  
Charlotte NC 28288

FEC ID number of contributing federal political committee. **C** C00012518

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 0 5 / 2 0 0 8

**Transaction ID:** 81014.C10705

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) ..... ► **6000.00**

**TOTAL** This Period (last page this line number only) ..... ► **104000.00**

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

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

FOR LINE NUMBER: PAGE 21 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard Baker  
 Mailing Address 510 N. St. SW, Unit N-715  
 City Washington State DC Zip Code 20024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MFA Managed Funds Assn Occupation President & CEO  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt 08 / 15 / 2008  
**Transaction ID:** 81014.C10672  
 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)  
David Bates  
 Mailing Address 61 Cross Creek Drive, West  
 City Birmingham State AL Zip Code 35213-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bates & Byrne Ins. Inc. Occupation Insurance  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10731  
 Amount of Each Receipt this Period 300.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Claude Bennett  
 Mailing Address 2920 Redmont Park Circle  
 City Birmingham State AL Zip Code 35205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00  
 Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10703  
 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) ..... ► 2300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dell Brooke

Mailing Address 3204 Fernway Road

City Birmingham State AL Zip Code 35223

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

Name of Employer EBSCO Industries, Inc. Occupation Corporate Secretary

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** 81014.C10680  
 Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dixon Brooke

Mailing Address 3204 Fernway Road

City Birmingham State AL Zip Code 35223-1326

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

Name of Employer EBSCO Occupation President & CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** 81014.C10679  
 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)  
Jerald Brooks

Mailing Address 1200 Beacon Pkwy E #101

City Birmingham State AL Zip Code 35209-1025

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

Name of Employer Star Truck Parts Occupation Business Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10729  
 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) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 127

(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

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Frank Buckner

Mailing Address 1880 Canoe Creek Road

City State Zip Code  
Springville AL 35146-6702

FEC ID number of contributing federal political committee. C

Name of Employer  
Buckner Barrels

Occupation  
owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6100.00

Date of Receipt  
09 / 30 / 2008

**Transaction ID:** 81014.C10727

Amount of Each Receipt this Period  
2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Lillian Buckner

Mailing Address 1880 Canoe Creek Rd

City State Zip Code  
Springville AL 35146-6702

FEC ID number of contributing federal political committee. C

Name of Employer  
Buckner Barrels

Occupation  
Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
09 / 30 / 2008

**Transaction ID:** 81014.C10728

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)  
Danny Cooper

Mailing Address 3438 Manchester Drive

City State Zip Code  
Montgomery AL 36111-2314

FEC ID number of contributing federal political committee. C

Name of Employer  
Alabama Realtors

Occupation  
Exec Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
09 / 22 / 2008

**Transaction ID:** 81014.C10675

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) ..... 4500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
K. Earl Durden  
Mailing Address 2605 Thomas Drive  
City Panama City State FL Zip Code 32408-0000  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2008  
Transaction ID: 81014.C10694  
Amount of Each Receipt this Period  
2000.00

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

Name of Employer Rail Management and Consulting  
Occupation President  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
4300.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Durden  
Mailing Address PO Box 28030  
City Panama City State FL Zip Code 32411-0000  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2008  
Transaction ID: 81014.C10695  
Amount of Each Receipt this Period  
2000.00

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

Name of Employer self  
Occupation Homemaker  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Lee Ellis  
Mailing Address 6304 Clarendon Road  
City Montgomery State AL Zip Code 36117  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008  
Transaction ID: 81014.C10745  
Amount of Each Receipt this Period  
1000.00

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

Name of Employer Alfa Insurance  
Occupation Executive VP, Operations  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Alan Engel

Mailing Address 1015 Financial Center

City Birmingham State AL Zip Code 35203-4600

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

Name of Employer Crown Properties Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** 81014.C10677  
 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)  
Robert Field

Mailing Address 3742 East Fairway Drive

City Birmingham State AL Zip Code 35213

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

Name of Employer Spitfire Funding LP Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10692  
 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)  
Donald Ghareeb

Mailing Address 3745 N Woodridge Road

City Birmingham State AL Zip Code 35223-2111

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

Name of Employer Tacala Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10736  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Skipper Goodwin

Mailing Address 3504 Meadow Brook Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer First Financial Bank Occupation President & CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10723  
 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)  
Ulysses Goodwyn

Mailing Address 508 Carnoustie

City Shoal Creek State AL Zip Code 35242-5956

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2008  
**Transaction ID:** 81014.C10752  
 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)  
Miller Gorrie

Mailing Address 54 Country Club Blvd

City Birmingham State AL Zip Code 35213-4228

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

Name of Employer Brasfield & Gorrie Occupation Chairman and CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2008  
**Transaction ID:** 81014.C10676  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Chris Hatcher

Mailing Address 5024 35th Street North

City State Zip Code  
Arlington VA 22207-2816

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

Name of Employer Occupation  
Williams and Jensen Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2008

Transaction ID: 81014.C10696

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)  
Donald Hess

Mailing Address 505 20th Street, North Suite 1015

City State Zip Code  
Birmingham AL 35203-4613

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

Name of Employer Occupation  
Southwood Partners, LLC CEO

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2008

Transaction ID: 81014.C10678

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)  
Carolyn Hubbard

Mailing Address 2275 Green Springs Hwy

City State Zip Code  
Birmingham AL 35205-0000

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

Name of Employer Occupation  
Homemaker Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2008

Transaction ID: 81014.C10688

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) ..... ▶ **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jim Hubbard

Mailing Address 2275 Green Springs Hwy South

City Birmingham State AL Zip Code 35205-6809

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

Name of Employer Hubbard Properties, Inc. Occupation President/Real Estate

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

Amount of Each Receipt this Period: 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dan Mattoon

Mailing Address 1001 G Street NW Suite 750 E

City Washington State DC Zip Code 20001

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

Name of Employer Mattoon & Associates Occupation Lobbyist

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

Amount of Each Receipt this Period: 650.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wesley McMullan

Mailing Address 405 South Way Ct

City Salem State SC Zip Code 29676

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

Name of Employer FHL Banks Occupation Exec. V. P.

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

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) ..... ► **3150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ava McPherson	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4727 Old Looney Mill Road	<b>Transaction ID:</b> 81014.C10748
	City Birmingham State AL Zip Code 35243	Amount of Each Receipt this Period 2000.00
	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 Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles McPherson	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4727 Old Looney Mill Road	<b>Transaction ID:</b> 81014.C10747
	City Birmingham State AL Zip Code 35243-0000	Amount of Each Receipt this Period 2000.00
	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 The McPherson Companies, Inc. Occupation CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Allen Meisler	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4970 Cold Harbor Drive	<b>Transaction ID:</b> 81014.C10725
	City Birmingham State AL Zip Code 35223-1670	Amount of Each Receipt this Period 2300.00
	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 Rime Company Occupation Developer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy Meisler

Mailing Address 4970 Cold Harbor Drive

City Birmingham State AL Zip Code 35223

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10724  
 Amount of Each Receipt this Period 2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Eric Mondres

Mailing Address 15082 Stillfield Place

City Centreville State VA Zip Code 20120-1100

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

Name of Employer FHL Banks Occupation First Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81014.C10662  
 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)  
Robert Morris

Mailing Address 3204 Argyle Road

City Birmingham State AL Zip Code 35213-2846

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

Name of Employer self Occupation physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10738  
 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) ..... ► 3800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Leila Morton

Mailing Address 229 Poinciana Dr.

City Birmingham State AL Zip Code 35209

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10735  
 Amount of Each Receipt this Period 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
William B. Morton

Mailing Address 229 Poinciana Drive

City Birmingham State AL Zip Code 35209

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

Name of Employer Robins & Morton Occupation President & CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10734  
 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)  
Jerry Newby

Mailing Address 20405 Mooresville Road

City Athens State AL Zip Code 35613-0000

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

Name of Employer Alfa Insurance Occupation President & CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10742  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jarvis Palmer

Mailing Address 2600 Altadena Road

City Birmingham State AL Zip Code 35243-4500

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

Name of Employer self Occupation Insurance & Real Estate

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

Amount of Each Receipt this Period 250.00

Transaction ID: 81014.C10737

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

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

Mailing Address Post Office Box 20908

City Tuscaloosa State AL Zip Code 35402-0908

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

Name of Employer Parker Towing Co. Occupation President

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

Amount of Each Receipt this Period 1000.00

Transaction ID: 81014.C10682

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

**C.** Full Name (Last, First, Middle Initial)  
Beverly Phifer

Mailing Address Post Office Office 2707

City Tuscaloosa State AL Zip Code 35403

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

Name of Employer Phifer Wire Company Occupation President

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

Amount of Each Receipt this Period 199.00

Transaction ID: 81014.C10685

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1449.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 127  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Rutledge  
Mailing Address 2124 Rosemont Drive  
City State Zip Code  
Montgomery AL 36111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Alfa Insurance Senior V. P./C.F.O.  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
2000.00  
Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008  
Transaction ID: 81014.C10744  
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)  
Al Scott  
Mailing Address 6408 Wynwood Place  
City State Zip Code  
Montgomery AL 36117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Alfa Insurance Senior VP, Sec & General Couns  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
2000.00  
Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008  
Transaction ID: 81014.C10743  
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)  
Hatton C. Smith  
Mailing Address Post Office Box 170971  
City State Zip Code  
Birmingham AL 35217-0971  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Royal Cup Coffee President.  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
1000.00  
Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008  
Transaction ID: 81014.C10732  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Lee Styslinger, III

Mailing Address 2826 Balmoral Road

City Birmingham State AL Zip Code 35223-1236

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

Name of Employer ALTEC Industries Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10733  
 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)  
Will Hill Tankersley

Mailing Address PO Box 470

City Montgomery State AL Zip Code 36101-0470

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81014.C10726  
 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)  
Beverly Tauke

Mailing Address 1405 Greenwood Place

City Alexandria State VA Zip Code 22304-1604

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

Name of Employer Cornerstone Family Counseling Occupation Therapist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10704  
 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) ..... ► 2100.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

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

Mailing Address 1725 Somerset Circle

City Birmingham State AL Zip Code 35213-4107

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

Name of Employer Thompson Tractor Co. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10681  
 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)  
John Von Seggern

Mailing Address 8461 Holly Leaf Drive

City Mc Lean State VA Zip Code 22102

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

Name of Employer Council of Home Loans Banks Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008  
**Transaction ID:** 81014.C10663  
 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)  
Charles Welden

Mailing Address P.O. Box 55465

City Birmingham State AL Zip Code 35255-0000

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2008  
**Transaction ID:** 81014.C10690  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Charles Welden

Mailing Address P.O. Box 55465

City Birmingham State AL Zip Code 35255

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

Name of Employer SPD Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 81014.C10691

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)  
William Welden

Mailing Address P.O. Box 55465

City Birmingham State AL Zip Code 35255-5465

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

Name of Employer SPM, INC. Occupation Real Estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 26 / 2008

Transaction ID: 81014.C10693

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) .....	▶	52099.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 37 / 127</span>	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Potomac Riverboat Company

Mailing Address 205 The Strand

City State Zip Code  
Alexandria VA 22314-3319

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1735.00

Date of Receipt  

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

Transaction ID: 81014.C10707

Amount of Each Receipt this Period  
1235.00

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) .....	<span style="border: 1px solid black; padding: 2px;">1235.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">1235.00</span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 127
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Fidelity Investments	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address P.O. Box 770001	Transaction ID: 81014.C10758
	City State Zip Code Cincinnati OH 45277-0002	Amount of Each Receipt this Period 105.93
	FEC ID number of contributing federal political committee. <b>C</b>	Other 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187352.28	

<b>B.</b>	Full Name (Last, First, Middle Initial) Fidelity Investments	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address P.O. Box 770001	Transaction ID: 81014.C10759
	City State Zip Code Cincinnati OH 45277-0002	Amount of Each Receipt this Period 22.19
	FEC ID number of contributing federal political committee. <b>C</b>	Other 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187374.47	

<b>C.</b>	Full Name (Last, First, Middle Initial) Fidelity Investments	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address P.O. Box 770001	Transaction ID: 81014.C10760
	City State Zip Code Cincinnati OH 45277-0002	Amount of Each Receipt this Period 124.35
	FEC ID number of contributing federal political committee. <b>C</b>	Other 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 187498.82	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>252.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 127

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Fidelity Investments

Mailing Address P.O. Box 770001

City State Zip Code  
Cincinnati OH 45277-0002

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
127636.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2008

Transaction ID: 81014.C10761

Amount of Each Receipt this Period

-59862.26

Other Receipt

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

**B.**

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

Mailing Address PO Box 10566

City State Zip Code  
Birmingham AL 35296-0002

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

Name of Employer Occupation  
Compass Bank

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
716.63

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2008

Transaction ID: 81014.C10753

Amount of Each Receipt this Period

2.28

Other Receipt

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

**C.**

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

Mailing Address PO Box 10566

City State Zip Code  
Birmingham AL 35296-0002

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

Name of Employer Occupation  
Compass Bank

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
718.77

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 29 / 2008

Transaction ID: 81014.C10754

Amount of Each Receipt this Period

2.14

Other Receipt

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

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

-59857.84

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

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

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

FOR LINE NUMBER: PAGE 40 / 127  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

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

Mailing Address PO Box 10566

City State Zip Code  
Birmingham AL 35296-0002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Compass Bank

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID: 81014.C10755

Amount of Each Receipt this Period

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2.36"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="-59603.01"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) 116, Inc.</p> <p>Mailing Address 234 Third Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9781 <b>Date of Disbursement</b> 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 455.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN MEAL</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 116, Inc.</p> <p>Mailing Address 234 Third Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9850 <b>Date of Disbursement</b> 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 227.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN MEAL</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alabama Republican Party</p> <p>Mailing Address PO Box 55628</p> <p>City Birmingham State AL Zip Code 35255-0000</p> <p>Purpose of Disbursement guest fee for convention</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> 81014.E9783 <b>Date of Disbursement</b> 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>GUEST FEE FOR CONVENTION</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1282.65</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

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

NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1182</p> <p>Purpose of Disbursement CM ASP Hosting</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> 81014.E9796 <b>Date of Disbursement</b> 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CM ASP HOSTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1182</p> <p>Purpose of Disbursement Fee for credit card processing</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> 81014.E10071 <b>Date of Disbursement</b> 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FEE FOR CREDIT CARD PROCESSING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1182</p> <p>Purpose of Disbursement credit card processing fee</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> 81014.E10072 <b>Date of Disbursement</b> 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 18.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD PROCESSING FEE</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1673.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 328.0171</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> 80710.E9637 <b>Date of Disbursement:</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 81.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>328.0171</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 591.8680 telephone &amp; internet</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> 80710.E9638 <b>Date of Disbursement:</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 141.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>591.8680 TELEPHONE &amp; INTERNET</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 328-0171 telephone</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> 81014.E9817 <b>Date of Disbursement:</b> 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 84.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>328-0171 TELEPHONE</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

306.42

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 591-8680 telephone and internet</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> 81014.E9824</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 145.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>591-8680 TELEPHONE AND INTERNET</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 328-0171 telephone</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> 81014.E9838</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 87.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>328-0171 TELEPHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 591-8680 telephone and internet</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> 81014.E9849</p> <p>Date of Disbursement 08 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 158.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>591-8680 TELEPHONE AND INTERNET</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

391.61

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement 328-0171</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> 81014.E9895</p> <p>Date of Disbursement 09 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 80.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>328-0171</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Linda Bachus</p> <p>Mailing Address 2110 Magnolia Way</p> <p>City Birmingham State AL Zip Code 35243-2023</p> <p>Purpose of Disbursement reimbursement - taxis</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> 80710.E9639</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 121.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT - TAXIS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Spencer Bachus</p> <p>Mailing Address 2110 Magnolia Way</p> <p>City Birmingham State AL Zip Code 35243-2023</p> <p>Purpose of Disbursement reimbursement - taxi</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> 80710.E9640</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT - TAXI</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>213.94</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)  
Bachus for Congress Committee

A.

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

Transaction ID: 81014.E9813  
Date of Disbursement

Mailing Address 2110 Magnolia Way

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

City Birmingham State AL Zip Code 35243-2023

Amount of Each Disbursement this Period

11.00
-------

Purpose of Disbursement  
reimbursement for taxi

Category/ Type
-------------------

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

Candidate Name

REIMBURSEMENT FOR TAXI

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

State: District:

B.

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

Transaction ID: 81014.E9822  
Date of Disbursement

Mailing Address 2110 Magnolia Way

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Birmingham State AL Zip Code 35243-2023

Amount of Each Disbursement this Period

42.95
-------

Purpose of Disbursement  
SEE BELOW

Category/ Type
-------------------

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

Candidate Name

SEE BELOW

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Comcast

Transaction ID: 81014.E9823  
Date of Disbursement

Mailing Address P.O. Box 3005

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Southeastern State PA Zip Code 19398-3005

Amount of Each Disbursement this Period

42.95
-------

Purpose of Disbursement  
online services - Jul

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: ONLINE SERVICES - JUL

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

53.95
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Spencer Bachus	Transaction ID: 81014.E9844 Date of Disbursement 08 / 21 / 2008
	Mailing Address 2110 Magnolia Way	Amount of Each Disbursement this Period 42.95
	City Birmingham State AL Zip Code 35243-2023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	SEE BELOW
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 81014.E9845 Date of Disbursement 08 / 21 / 2008
	Mailing Address P.O. Box 3005	Amount of Each Disbursement this Period 42.95
	City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online services - August Candidate Name	<b>[MEMO ITEM]</b> MEMO: ONLINE SERVICES - AUGUST
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Spencer Bachus	Transaction ID: 81014.E9878 Date of Disbursement 09 / 26 / 2008
	Mailing Address 2110 Magnolia Way	Amount of Each Disbursement this Period 37.38
	City Birmingham State AL Zip Code 35243-2023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	SEE BELOW
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>80.33</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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: 81014.E9879 Date of Disbursement 09 / 20 / 2008
	Mailing Address Post Office Box 787	Amount of Each Disbursement this Period 37.38
	City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	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>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

B.	Full Name (Last, First, Middle Initial) Spencer Bachus	Transaction ID: 81014.E9898 Date of Disbursement 09 / 27 / 2008
	Mailing Address 2110 Magnolia Way	Amount of Each Disbursement this Period 42.95
	City Birmingham State AL Zip Code 35243-2023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW

C.	Full Name (Last, First, Middle Initial) Comcast	Transaction ID: 81014.E9899 Date of Disbursement 09 / 27 / 2008
	Mailing Address P.O. Box 3005	Amount of Each Disbursement this Period 42.95
	City Southeastern State PA Zip Code 19398-3005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online services - September 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>[MEMO ITEM]</b> MEMO: ONLINE SERVICES - SEPTEMBER

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	42.95
<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Birmingham Chamber of Commerce</p> <p>Mailing Address 505 20th Street North Suite 200</p> <p>City Birmingham State AL Zip Code 35203-</p> <p>Purpose of Disbursement annual membership dues</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> 80710.E9635 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ANNUAL MEMBERSHIP DUES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bishop &amp; Associates</p> <p>Mailing Address PO Box 27596</p> <p>City Panama City State FL Zip Code 32411-7596</p> <p>Purpose of Disbursement SEE BELOW and mileage Jun</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> 80710.E9632 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 516.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SEE BELOW AND MILEAGE JUN</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Residence Inn</p> <p>Mailing Address 3 Greenhill Parkway</p> <p>City Birmingham State AL Zip Code 35242-0000</p> <p>Purpose of Disbursement ITEMIZE lodging</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> 80710.E9633 <b>Date of Disbursement</b> 06 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 145.99</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> <b>MEMO: LODGING</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**866.47**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bishop & Associates <hr/> Mailing Address PO Box 27596 <hr/> City Panama City State FL Zip Code 32411-7596 <hr/> Purpose of Disbursement August media consulting Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9819 Date of Disbursement 07 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUGUST MEDIA CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Bishop & Associates <hr/> Mailing Address PO Box 27596 <hr/> City Panama City State FL Zip Code 32411-7596 <hr/> Purpose of Disbursement September media consulting Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9847 Date of Disbursement 08 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEPTEMBER MEDIA CONSULTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Bishop & Associates <hr/> Mailing Address PO Box 27596 <hr/> City Panama City State FL Zip Code 32411-7596 <hr/> Purpose of Disbursement mileage July 17 Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9853 Date of Disbursement 08 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE JULY 17

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8216.00
<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)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bishop & Associates <hr/> Mailing Address PO Box 27596 <hr/> City Panama City State FL Zip Code 32411-7596 <hr/> Purpose of Disbursement October media consulting Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9901 Date of Disbursement 09 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OCTOBER MEDIA CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) BNSF Railway <hr/> Mailing Address P.O. Box 961039 <hr/> City Fort Worth State TX Zip Code 76161-0039 <hr/> Purpose of Disbursement railcar event at convention Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9856 Date of Disbursement 08 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 2520.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RAILCAR EVENT AT CONVENTI- ON
<b>C.</b>	Full Name (Last, First, Middle Initial) Bogart Associates <hr/> Mailing Address 1200 Trinity Drive <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement SEE BELOW Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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:	Transaction ID: 81014.E9784 Date of Disbursement 07 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 354.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6874.44

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: 81014.E9793  
Date of Disbursement

Mailing Address PO Box 1140

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

City Memphis State TN Zip Code 38101-1140

Amount of Each Disbursement this Period

16.66
-------

Purpose of Disbursement  
shipping

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: SHIPPING

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: 81014.E9794  
Date of Disbursement

Mailing Address PO Box 1140

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

City Memphis State TN Zip Code 38101-1140

Amount of Each Disbursement this Period

28.88
-------

Purpose of Disbursement  
shipping

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: SHIPPING

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: 81014.E9792  
Date of Disbursement

Mailing Address PO Box 1140

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

City Memphis State TN Zip Code 38101-1140

Amount of Each Disbursement this Period

28.88
-------

Purpose of Disbursement  
shipping

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: SHIPPING

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9790 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 26.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
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<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9791 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 28.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
---	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9787 Date of Disbursement 05 / 23 / 2008 Amount of Each Disbursement this Period 28.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
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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) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement shipping

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9788  
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: SHIPPING

**B.** Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement shipping

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9786  
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: SHIPPING

**C.** Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement shipping

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9789  
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: SHIPPING

**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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bogart Associates</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement August fundraising consulting</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> 81014.E9818</p> <p>Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>AUGUST FUNDRAISING CONSULTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bogart Associates</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement 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> 81014.E9831</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 179.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement 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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9837</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 27.12</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>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2179.51</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)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9832 Date of Disbursement 06 / 20 / 2008 Amount of Each Disbursement this Period 28.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING	
<b>B.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9836 Date of Disbursement 07 / 01 / 2008 Amount of Each Disbursement this Period 28.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING	
<b>C.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9833 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 28.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING	

<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Federal Express

Transaction ID: 81014.E9835  
Date of Disbursement

Mailing Address PO Box 1140

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Memphis State TN Zip Code 38101-1140

Amount of Each Disbursement this Period

28.88
-------

Purpose of Disbursement  
shipping

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: SHIPPING

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

State: District:

B.

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

Transaction ID: 81014.E9827  
Date of Disbursement

Mailing Address 1200 Trinity Drive

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

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

90.72
-------

Purpose of Disbursement  
SEE BELOW

Category/ Type
-------------------

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

Candidate Name

SEE BELOW

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
USPS

Transaction ID: 81014.E9828  
Date of Disbursement

Mailing Address U.S. Post Office

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Birmingham State AL Zip Code 35213-

Amount of Each Disbursement this Period

90.72
-------

Purpose of Disbursement  
postage

Category/ Type
-------------------

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

Candidate Name

**[MEMO ITEM]**  
MEMO: POSTAGE

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

90.72
-------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bogart Associates</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement September fundraising consulting</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> 81014.E9846 <b>Date of Disbursement</b> 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEPTEMBER FUNDRAISING CONSULTING</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bogart Associates</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement SEE BELOW</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> 81014.E9859 <b>Date of Disbursement</b> 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 66.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement shipping</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> 81014.E9860 <b>Date of Disbursement</b> 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 27.12</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>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2566.73

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
shipping

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9861  
Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

27.53

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

[MEMO ITEM]  
MEMO: SHIPPING

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address U.S. Post Office

City Birmingham State AL Zip Code 35213-

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9863  
Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

12.08

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)  
Bogart Associates

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
October Fundraising consulting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9900  
Date of Disbursement

09 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

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

OCTOBER FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Bogart Associates	Transaction ID: 81014.E9892 Date of Disbursement 09 / 27 / 2008
	Mailing Address 1200 Trinity Drive	Amount of Each Disbursement this Period 120.56
	City Alexandria State VA Zip Code 22314- Purpose of Disbursement SEE BELOW 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

B.	Full Name (Last, First, Middle Initial) PoliTemps	Transaction ID: 81014.E9894 Date of Disbursement 09 / 07 / 2008
	Mailing Address 2000 P Street, NW Suite 400	Amount of Each Disbursement this Period 88.00
	City Washington State DC Zip Code 20036- Purpose of Disbursement mailing preparation 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MAILING PREPERATION

C.	Full Name (Last, First, Middle Initial) Cahaba Grand Conference Center	Transaction ID: 81014.E10078 Date of Disbursement 09 / 29 / 2008
	Mailing Address 1 Healthsouth Pkwy S	Amount of Each Disbursement this Period 1500.00
	City Birmingham State AL Zip Code 35243-2358 Purpose of Disbursement deposit for 10/07/08 event 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DEPOSIT FOR 10/07/08 EVENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1620.56
<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Clanton Lions Club</p> <p>Mailing Address PO Box 601</p> <p>City Clanton State AL Zip Code 35046-0601</p> <p>Purpose of Disbursement Charity Peach Auction</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> 81014.E9799 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CHARITY PEACH AUCTION</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clanton Newspaper</p> <p>Mailing Address Dept 3157 P.O. Box 2153</p> <p>City Birmingham State AL Zip Code 35287-0001</p> <p>Purpose of Disbursement Faces and Places ad</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> 81014.E9829 <b>Date of Disbursement</b> 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 275.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FACES AND PLACES AD</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Compass Bank</p> <p>Mailing Address PO Box 10566</p> <p>City Birmingham State AL Zip Code 35296-0002</p> <p>Purpose of Disbursement service charge</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> 81014.E10068 <b>Date of Disbursement</b> 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SERVICE CHARGE</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1487.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Compass Bank	Transaction ID: 81014.E10069 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 10566	Amount of Each Disbursement this Period 12.00
	City Birmingham State AL Zip Code 35296-0002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SERVICE CHARGE
	Purpose of Disbursement service charge 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.	Full Name (Last, First, Middle Initial) Compass Bank	Transaction ID: 81015.E10080 Date of Disbursement 09 / 01 / 2008
	Mailing Address PO Box 10566	Amount of Each Disbursement this Period 148.95
	City Birmingham State AL Zip Code 35296-0002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CHECKS
	Purpose of Disbursement checks 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) ▼

C.	Full Name (Last, First, Middle Initial) Compass Bank	Transaction ID: 81014.E10070 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 10566	Amount of Each Disbursement this Period 12.00
	City Birmingham State AL Zip Code 35296-0002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SERVICE CHARGE
	Purpose of Disbursement service charge 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) .....	172.95
<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Randy Dempsey  Mailing Address 1122 22nd St N  City Birmingham State AL Zip Code 35234-2725 Purpose of Disbursement July political consulting & office Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9821 Date of Disbursement 07 / 31 / 2008  Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  JULY POLITICAL CONSULTING & OFFICE
B.	Full Name (Last, First, Middle Initial) Randy Dempsey  Mailing Address 1122 22nd St N  City Birmingham State AL Zip Code 35234-2725 Purpose of Disbursement Aug political consulting and office Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9843 Date of Disbursement 08 / 21 / 2008  Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  AUG POLITICAL CONSULTING AND OFFICE
C.	Full Name (Last, First, Middle Initial) Randy Dempsey  Mailing Address 1122 22nd St N  City Birmingham State AL Zip Code 35234-2725 Purpose of Disbursement Sept political consulting & office Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9897 Date of Disbursement 09 / 27 / 2008  Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEPT POLITICAL CONSULTING & OFFICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8250.00
<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sunoco Service Station	Transaction ID: 81014.E9905 Date of Disbursement 05 / 23 / 2008
	Mailing Address 3500 King Street	Amount of Each Disbursement this Period 58.87
	City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sunoco Service Station	Transaction ID: 81014.E9906 Date of Disbursement 06 / 13 / 2008
	Mailing Address 3500 King Street	Amount of Each Disbursement this Period 70.92
	City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Senate Restaurant	Transaction ID: 81014.E9904 Date of Disbursement 06 / 13 / 2008
	Mailing Address First and C Street NE	Amount of Each Disbursement this Period 29.90
	City Washington State DC Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meal	<b>[MEMO ITEM]</b> MEMO: CONSTITUENT MEAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
US Senate Restaurant

Mailing Address First and C Street NE

City Washington State DC Zip Code 20510-

Purpose of Disbursement  
constituent meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9903  
Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2008

Amount of Each Disbursement this Period

29.04

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

**[MEMO ITEM]**  
MEMO: CONSTITUENT MEAL

B.

Full Name (Last, First, Middle Initial)  
Bistro Bis

Mailing Address 15 E Street NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9916  
Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2008

Amount of Each Disbursement this Period

88.15

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

**[MEMO ITEM]**  
MEMO: CAMPAIGN MEAL

C.

Full Name (Last, First, Middle Initial)  
The Local

Mailing Address 931 Nicollet Mall

City Minneapolis State MN Zip Code 55402-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9911  
Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2008

Amount of Each Disbursement this Period

43.00

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

**[MEMO ITEM]**  
MEMO: CAMPAIGN MEAL

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Schneiders Liquor Co.	Transaction ID: 81014.E9914 Date of Disbursement 06 / 10 / 2008
	Mailing Address 300 Massachusetts Ave. NE	Amount of Each Disbursement this Period 280.42
	City Washington State DC Zip Code 20002-5702	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement drinks for fundraising event Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: DRINKS FOR FUNDRAISING EVENT
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Afghan Restaurant	Transaction ID: 81014.E9767 Date of Disbursement 05 / 20 / 2008
	Mailing Address 2700 Jefferson Davis Hwy	Amount of Each Disbursement this Period 48.58
	City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 81014.E9753 Date of Disbursement 05 / 27 / 2008
	Mailing Address PO Box 105262	Amount of Each Disbursement this Period 126.92
	City Atlanta State GA Zip Code 30348-5262	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone and internet Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: TELEPHONE AND INTERNET
	Office Sought: <input type="checkbox"/> House <input 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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Attic Plus

Mailing Address 2611 Pelham Parkway

City Pelham State AL Zip Code 35124-

Purpose of Disbursement  
stroage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9778  
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

65.00

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

**[MEMO ITEM]**  
MEMO: STROAGE

B.

Full Name (Last, First, Middle Initial)  
Bistro Italiano

Mailing Address 320 D St NE

City Washington State DC Zip Code 20002-5722

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9752  
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

41.81

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

**[MEMO ITEM]**  
MEMO: CAMPAIGN MEAL

C.

Full Name (Last, First, Middle Initial)  
Borders Books

Mailing Address 8311 Leesburg Pike

City Vienna State VA Zip Code 22182-

Purpose of Disbursement  
campaign gifts

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9910  
Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

126.69

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

**[MEMO ITEM]**  
MEMO: CAMPAIGN GIFTS

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Bright Star	Transaction ID: 81014.E9758 Date of Disbursement 06 / 06 / 2008
	Mailing Address 304 19th St N	Amount of Each Disbursement this Period 86.89
	City Bessemer State AL Zip Code 35020-4925	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bright Star	Transaction ID: 81014.E9756 Date of Disbursement 06 / 02 / 2008
	Mailing Address 304 19th St N	Amount of Each Disbursement this Period 90.26
	City Bessemer State AL Zip Code 35020-4925	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bright Star	Transaction ID: 81014.E9757 Date of Disbursement 06 / 02 / 2008
	Mailing Address 304 19th St N	Amount of Each Disbursement this Period 15.86
	City Bessemer State AL Zip Code 35020-4925	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bromberg &amp; Company</p> <p>Mailing Address 2800 Cahaba Rd</p> <p>City Birmingham State AL Zip Code 35223-2306</p> <p>Purpose of Disbursement campaign gift</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> 81014.E9928</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 173.50</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: CAMPAIGN GIFT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dales Southern Grill</p> <p>Mailing Address 1843 Montgomery Hwy</p> <p>City Birmingham State AL Zip Code 35242-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> 80710.E9683</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 47.56</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: CAMPAIGN MEAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dales Southern Grill</p> <p>Mailing Address 1843 Montgomery Hwy</p> <p>City Birmingham State AL Zip Code 35242-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> 81014.E9765</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 84.63</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: CAMPAIGN MEAL</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E9770
	Mailing Address 1843 Montgomery Hwy	Date of Disbursement 06 / 09 / 2008
	City Birmingham State AL Zip Code 35242-	Amount of Each Disbursement this Period 62.97
	Purpose of Disbursement campaign meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 80710.E9657
	Mailing Address PO Box 1140	Date of Disbursement 05 / 01 / 2008
	City Memphis State TN Zip Code 38101-1140	Amount of Each Disbursement this Period 23.16
	Purpose of Disbursement shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: SHIPPING

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 81014.E9776
	Mailing Address PO Box 1140	Date of Disbursement 06 / 08 / 2008
	City Memphis State TN Zip Code 38101-1140	Amount of Each Disbursement this Period 25.11
	Purpose of Disbursement shipping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: SHIPPING

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9777 Date of Disbursement 06 / 17 / 2008
	Amount of Each Disbursement this Period 20.68
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: SHIPPING

<b>B.</b> Full Name (Last, First, Middle Initial) Kaz Sushi Bistro Mailing Address 1915 I Street NW City Washington State DC Zip Code 20006- Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9909 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 54.82
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

<b>C.</b> Full Name (Last, First, Middle Initial) OCharleys Mailing Address Lakeshore Drive City Birmingham State AL Zip Code 35209- Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9921 Date of Disbursement 06 / 10 / 2008
	Amount of Each Disbursement this Period 31.14
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 7001 Crestwood Blvd City Birmingham State AL Zip Code 35210-2332 Purpose of Disbursement toner and supplies 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: 81014.E9772 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 146.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TONER AND SUPPLIES
	Category/Type	[ ]

<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot Mailing Address 7001 Crestwood Blvd City Birmingham State AL Zip Code 35210-2332 Purpose of Disbursement office supplies 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: 81014.E9775 Date of Disbursement 06 / 02 / 2008 Amount of Each Disbursement this Period 10.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Category/Type	[ ]

<b>C.</b> Full Name (Last, First, Middle Initial) House of Representatives Mailing Address Us Capitol City Washington State DC Zip Code 20515-0001 Purpose of Disbursement constituent meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9779 Date of Disbursement 05 / 22 / 2008 Amount of Each Disbursement this Period 80.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CONSTITUENT MEAL
	Category/Type	[ ]

<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) House of Representatives	Transaction ID: 81014.E9771 Date of Disbursement 06 / 13 / 2008
	Mailing Address Us Capitol	Amount of Each Disbursement this Period 111.15
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CONSTITUENT MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) House of Representatives	Transaction ID: 81014.E9761 Date of Disbursement 06 / 12 / 2008
	Mailing Address Us Capitol	Amount of Each Disbursement this Period 92.05
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CONSTITUENT MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richards BBQ and Grill	Transaction ID: 81014.E9755 Date of Disbursement 06 / 02 / 2008
	Mailing Address 2409 Acton Rd	Amount of Each Disbursement this Period 22.46
	City Birmingham State AL Zip Code 35243-2940	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Saks Fifth Avenue</p> <p>Mailing Address Summit Boulevard</p> <p>City Birmingham State AL Zip Code 35242-</p> <p>Purpose of Disbursement campaign gift</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> 81014.E9924</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.50"/></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: CAMPAIGN GIFT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Saks Fifth Avenue</p> <p>Mailing Address Summit Boulevard</p> <p>City Birmingham State AL Zip Code 35242-</p> <p>Purpose of Disbursement campaign gift</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> 81014.E9922</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="103.95"/></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: CAMPAIGN GIFT</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Saks Fifth Avenue</p> <p>Mailing Address Summit Boulevard</p> <p>City Birmingham State AL Zip Code 35242-</p> <p>Purpose of Disbursement campaign gift</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> 81014.E9923</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></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: CAMPAIGN GIFT</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: 81014.E9920 Date of Disbursement 05 / 22 / 2008
	Mailing Address Acton Road	Amount of Each Disbursement this Period 15.09
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GASOLINE
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 81014.E9917 Date of Disbursement 05 / 19 / 2008
	Mailing Address PO Box 36611	Amount of Each Disbursement this Period 209.00
	City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
	Purpose of Disbursement airline ticket Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 81014.E9918 Date of Disbursement 05 / 21 / 2008
	Mailing Address PO Box 36611	Amount of Each Disbursement this Period 60.50
	City Dallas State TX Zip Code 75235-1611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
	Purpose of Disbursement airline ticket Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address PO Box 36611  City Dallas State TX Zip Code 75235-1611  Purpose of Disbursement airline ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9919 Date of Disbursement 06 / 11 / 2008  Amount of Each Disbursement this Period 441.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
<b>B.</b>	Full Name (Last, First, Middle Initial) Tortilla Coast  Mailing Address 400 First Street SE  City Washington State DC Zip Code 20003-  Purpose of Disbursement campaign meal Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9915 Date of Disbursement 06 / 17 / 2008  Amount of Each Disbursement this Period 21.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
<b>C.</b>	Full Name (Last, First, Middle Initial) USPS  Mailing Address U.S. Post Office  City Birmingham State AL Zip Code 35213-  Purpose of Disbursement postage 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: 81014.E9773 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 3.17  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address U.S. Post Office</p> <p>City Birmingham State AL Zip Code 35213-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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> 81014.E9925</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 4.00</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: POSTAGE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) University of Alabama</p> <p>Mailing Address Athletic Ticket Office Box 870394</p> <p>City Tuscaloosa State AL Zip Code 35487-</p> <p>Purpose of Disbursement 2008 season tickets</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> 81014.E9766</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 720.00</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: 2008 SEASON TICKETS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 4009</p> <p>City Silver Spring State MD Zip Code 20914-4009</p> <p>Purpose of Disbursement cell phone accessory</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> 81014.E9769</p> <p>Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 31.71</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: CELL PHONE ACCESSORY</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)  
Bachus for Congress Committee

A.

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

Mailing Address 101 Summit Boulevard

City Birmingham State AL Zip Code 35243-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9762  
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

84.60

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

[MEMO ITEM]

MEMO: CAMPAIGN MEAL

B.

Full Name (Last, First, Middle Initial)  
Wolf Camera

Mailing Address 18th Street

City Homewood State AL Zip Code 35209-

Purpose of Disbursement  
photo processing and supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9763  
Date of Disbursement

06 / 15 / 2008

Amount of Each Disbursement this Period

62.15

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

[MEMO ITEM]

MEMO: PHOTO PROCESSING AND SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Wolf Camera

Mailing Address 18th Street

City Homewood State AL Zip Code 35209-

Purpose of Disbursement  
photos

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81014.E9927  
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

54.49

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

[MEMO ITEM]

MEMO: PHOTOS

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) FIA Card Services	Transaction ID: 81014.E9933 Date of Disbursement 08 / 06 / 2008
	Mailing Address PO Box 15710	Amount of Each Disbursement this Period 4590.67
	City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Johns City Diner	Transaction ID: 81014.E9941 Date of Disbursement 06 / 27 / 2008
	Mailing Address 112 Richard Arrington Blvd.	Amount of Each Disbursement this Period 69.15
	City Birmingham State AL Zip Code 35203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Tidmore Flags	Transaction ID: 81014.E10035 Date of Disbursement 07 / 21 / 2008
	Mailing Address 3040 Independence Drive	Amount of Each Disbursement this Period 75.21
	City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement flags Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: FLAGS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4590.67
<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 7500 Airline Drive

City State Zip Code  
Minneapolis MN 55450-1101

Purpose of Disbursement  
airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E9961  
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

471.00

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

[MEMO ITEM]

MEMO: AIRLINE TICKET

B.

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 7500 Airline Drive

City State Zip Code  
Minneapolis MN 55450-1101

Purpose of Disbursement  
airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E9962  
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

481.50

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

[MEMO ITEM]

MEMO: AIRLINE TICKET

C.

Full Name (Last, First, Middle Initial)  
Incahoots

Mailing Address 4300 Helena Road

City State Zip Code  
Helena AL 35080-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E10020  
Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

233.28

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

[MEMO ITEM]

MEMO: CAMPAIGN MEAL

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Afghan Restaurant  Mailing Address 2700 Jefferson Davis Hwy  City Alexandria State VA Zip Code 22301-  Purpose of Disbursement campaign meal Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9957 Date of Disbursement 06 / 24 / 2008  Amount of Each Disbursement this Period 76.53  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 105262  City Atlanta State GA Zip Code 30348-5262  Purpose of Disbursement telephone and 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: 81014.E9950 Date of Disbursement 07 / 03 / 2008  Amount of Each Disbursement this Period 128.61  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TELEPHONE AND INTER-NET
<b>C.</b>	Full Name (Last, First, Middle Initial) Attic Plus  Mailing Address 2611 Pelham Parkway  City Pelham State AL Zip Code 35124-  Purpose of Disbursement 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: 81014.E9937 Date of Disbursement 07 / 14 / 2008  Amount of Each Disbursement this Period 65.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: STORAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) BP Oil Company	Transaction ID: 81014.E9951 Date of Disbursement 07 / 06 / 2008
	Mailing Address 4734 Highway 280 S	Amount of Each Disbursement this Period 54.64
	City Birmingham State AL Zip Code 35242-5148	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BP Oil Company	Transaction ID: 81014.E9981 Date of Disbursement 07 / 13 / 2008
	Mailing Address 4734 Highway 280 S	Amount of Each Disbursement this Period 58.38
	City Birmingham State AL Zip Code 35242-5148	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: 81014.E9979 Date of Disbursement 07 / 15 / 2008
	Mailing Address 1201 S. South Hay Street	Amount of Each Disbursement this Period 46.18
	City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement computer supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: COMPUTER SUPPLIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Bistro Italiano Mailing Address 320 D St NE City Washington State DC Zip Code 20002-5722 Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9963 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 70.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
B.	Full Name (Last, First, Middle Initial) Bright Star Mailing Address 304 19th St N City Bessemer State AL Zip Code 35020-4925 Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9952 Date of Disbursement 07 / 06 / 2008 Amount of Each Disbursement this Period 173.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
C.	Full Name (Last, First, Middle Initial) Bright Star Mailing Address 304 19th St N City Bessemer State AL Zip Code 35020-4925 Purpose of Disbursement campaign meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9953 Date of Disbursement 07 / 11 / 2008 Amount of Each Disbursement this Period 68.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: 81014.E9965 Date of Disbursement 06 / 20 / 2008
	Mailing Address 2188 Highland Ave S	Amount of Each Disbursement this Period 20.01
	City Birmingham State AL Zip Code 35205-4002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GASOLINE
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: 81014.E9942 Date of Disbursement 06 / 29 / 2008
	Mailing Address 2188 Highland Ave S	Amount of Each Disbursement this Period 62.12
	City Birmingham State AL Zip Code 35205-4002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GASOLINE
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: 81014.E9949 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 4607	Amount of Each Disbursement this Period 30.00
	City Houston State TX Zip Code 77210-4607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
	Purpose of Disbursement airline ticket Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: 81014.E9948 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 4607	Amount of Each Disbursement this Period 461.50
	City Houston State TX Zip Code 77210-4607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement airline ticket	<b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
	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.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: 81014.E9947 Date of Disbursement 07 / 01 / 2008
	Mailing Address P.O. Box 4607	Amount of Each Disbursement this Period 461.50
	City Houston State TX Zip Code 77210-4607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement airline ticket	<b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
	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) ▼

C.	Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: 81014.E9945 Date of Disbursement 07 / 10 / 2008
	Mailing Address Post Office Box 787	Amount of Each Disbursement this Period 20.57
	City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: 81014.E9944 Date of Disbursement 06 / 30 / 2008
	Mailing Address Post Office Box 787	Amount of Each Disbursement this Period 19.13
	City Lebanon State TN Zip Code 37088-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E9946 Date of Disbursement 06 / 30 / 2008
	Mailing Address 1843 Montgomery Hwy	Amount of Each Disbursement this Period 45.15
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Exxon	Transaction ID: 81014.E9984 Date of Disbursement 06 / 23 / 2008
	Mailing Address 200 Massachusetts Ave NE	Amount of Each Disbursement this Period 26.76
	City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Exxon	Transaction ID: 81014.E9977 Date of Disbursement 07 / 06 / 2008
	Mailing Address 200 Massachusetts Ave NE	Amount of Each Disbursement this Period 68.19
	City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GASOLINE
	Purpose of Disbursement gasoline Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 81014.E9935 Date of Disbursement 07 / 02 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 49.28
	City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
	Purpose of Disbursement shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Irontdale Cafe	Transaction ID: 81014.E9999 Date of Disbursement 08 / 01 / 2008
	Mailing Address 1906 1st Avenue North	Amount of Each Disbursement this Period 27.84
	City Birmingham State AL Zip Code 35210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Irondale Cafe</p> <p>Mailing Address 1906 1st Avenue North</p> <p>City Birmingham State AL Zip Code 35210-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9956</p> <p>Date of Disbursement 06 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 65.67</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: CAMPAIGN MEAL</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) La Lomita</p> <p>Mailing Address 1330 Pennsylvania Avenue</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9964</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 27.00</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: CAMPAIGN MEAL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address One Marriott Drive</p> <p>City Washington State DC Zip Code 20058-</p> <p>Purpose of Disbursement lodging - Birmingham Inverness</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> 81014.E9983</p> <p>Date of Disbursement 06 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 108.10</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: LODGING - BIRMINGHAM INVERNESS</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) OCharleys	Transaction ID: 81014.E9971 Date of Disbursement 07 / 10 / 2008
	Mailing Address Lakeshore Drive	Amount of Each Disbursement this Period 30.04
	City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 81014.E9932 Date of Disbursement 06 / 26 / 2008
	Mailing Address 7001 Crestwood Blvd	Amount of Each Disbursement this Period 16.51
	City Birmingham State AL Zip Code 35210-2332	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) House of Representatives	Transaction ID: 81014.E9986 Date of Disbursement 06 / 26 / 2008
	Mailing Address Us Capitol	Amount of Each Disbursement this Period 181.25
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meal Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: CONSTITUENT MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
House of Representatives

Mailing Address Us Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
constituent meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9985  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

99.30
-------

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

[MEMO ITEM]

MEMO: CONSTITUENT MEAL

B.

Full Name (Last, First, Middle Initial)  
Sonoma

Mailing Address 223 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9974  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Amount of Each Disbursement this Period

105.10
--------

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

[MEMO ITEM]

MEMO: CAMPAIGN MEAL

C.

Full Name (Last, First, Middle Initial)  
Southwest Airlines

Mailing Address PO Box 36611

City Dallas State TX Zip Code 75235-1611

Purpose of Disbursement  
airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E9967  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Amount of Each Disbursement this Period

221.50
--------

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

[MEMO ITEM]

MEMO: AIRLINE TICKET

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address PO Box 36611  City Dallas State TX Zip Code 75235-1611  Purpose of Disbursement airline ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9968 Date of Disbursement 06 / 24 / 2008  Amount of Each Disbursement this Period 220.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRLINE TICKET
B.	Full Name (Last, First, Middle Initial) Texaco Inc.  Mailing Address 1639 Montgomery Hwy  City Birmingham State AL Zip Code 35216-4901  Purpose of Disbursement gasoline Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9955 Date of Disbursement 07 / 12 / 2008  Amount of Each Disbursement this Period 28.93  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GASOLINE
C.	Full Name (Last, First, Middle Initial) USPS  Mailing Address U.S. Post Office  City Birmingham State AL Zip Code 35213-  Purpose of Disbursement postage 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: 81014.E9978 Date of Disbursement 07 / 09 / 2008  Amount of Each Disbursement this Period 16.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) USPS			Transaction ID: 81014.E9972	
	Mailing Address U.S. Post Office			Date of Disbursement 06 / 28 / 2008	
	City Birmingham	State AL	Zip Code 35213-	Amount of Each Disbursement this Period 4.12	
	Purpose of Disbursement postage			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		[MEMO ITEM] MEMO: POSTAGE			

B.	Full Name (Last, First, Middle Initial) USPS			Transaction ID: 81014.E9934	
	Mailing Address U.S. Post Office			Date of Disbursement 07 / 01 / 2008	
	City Birmingham	State AL	Zip Code 35213-	Amount of Each Disbursement this Period 1.34	
	Purpose of Disbursement postage			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		[MEMO ITEM] MEMO: POSTAGE			

C.	Full Name (Last, First, Middle Initial) FIA Card Services			Transaction ID: 81014.E9987	
	Mailing Address PO Box 15710			Date of Disbursement 09 / 01 / 2008	
	City Wilmington	State DE	Zip Code 19886-5710	Amount of Each Disbursement this Period 7789.86	
	Purpose of Disbursement SEE BELOW			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:		SEE BELOW			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7789.86
<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Ruby Tuesday	Transaction ID: 81014.E9990 Date of Disbursement 07 / 19 / 2008
	Mailing Address 150 West Church Avenue	Amount of Each Disbursement this Period 45.81
	City Maryville State TN Zip Code 37801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bogues Restaurant	Transaction ID: 81014.E10003 Date of Disbursement 08 / 05 / 2008
	Mailing Address 3028 Clairmont Avenue	Amount of Each Disbursement this Period 28.98
	City Birmingham State AL Zip Code 35233-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Senate Restaurant	Transaction ID: 81014.E9993 Date of Disbursement 07 / 24 / 2008
	Mailing Address First and C Street NE	Amount of Each Disbursement this Period 31.22
	City Washington State DC Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) The Cheesecake Factory	Transaction ID: 81014.E10024 Date of Disbursement 08 / 13 / 2008
	Mailing Address 236 Summit Blvd	Amount of Each Disbursement this Period 106.56
	City Birmingham State AL Zip Code 35243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The Marquette Hotel	Transaction ID: 81014.E10014 Date of Disbursement 08 / 13 / 2008
	Mailing Address 710 Marquette Avenue	Amount of Each Disbursement this Period 200.00
	City Minneapolis State MN Zip Code 55402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement lodging deposit Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING DEPOSIT
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The Marquette Hotel	Transaction ID: 81014.E10023 Date of Disbursement 08 / 09 / 2008
	Mailing Address 710 Marquette Avenue	Amount of Each Disbursement this Period 200.00
	City Minneapolis State MN Zip Code 55402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement lodging deposit Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING DEPOSIT
	Office Sought: <input type="checkbox"/> House <input 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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) The Marquette Hotel	Transaction ID: 81014.E10013 Date of Disbursement 08 / 09 / 2008
	Mailing Address 710 Marquette Avenue	Amount of Each Disbursement this Period 400.00
	City Minneapolis State MN Zip Code 55402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement lodging deposit	<b>[MEMO ITEM]</b> MEMO: LODGING DEPOSIT
	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.	Full Name (Last, First, Middle Initial) The Marquette Hotel	Transaction ID: 81014.E10002 Date of Disbursement 08 / 05 / 2008
	Mailing Address 710 Marquette Avenue	Amount of Each Disbursement this Period 200.00
	City Minneapolis State MN Zip Code 55402-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement deposit lodging	<b>[MEMO ITEM]</b> MEMO: DEPOSIT LODGING
	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) ▼

C.	Full Name (Last, First, Middle Initial) Cafe Avanti	Transaction ID: 81014.E10043 Date of Disbursement 08 / 07 / 2008
	Mailing Address 4852 Cogswell Avenue	Amount of Each Disbursement this Period 215.88
	City Pell City State AL Zip Code 35125-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement phone accessory</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> 81014.E10031</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 31.49</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: PHONE ACCESSORY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 105262</p> <p>City Atlanta State GA Zip Code 30348-5262</p> <p>Purpose of Disbursement telephone and internet</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> 81014.E9998</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 126.21</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: TELEPHONE AND INTER-NET</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Attic Plus</p> <p>Mailing Address 2611 Pelham Parkway</p> <p>City Pelham State AL Zip Code 35124-</p> <p>Purpose of Disbursement storage</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> 81014.E10057</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 65.00</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: STORAGE</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) BP Oil Company	Transaction ID: 81014.E10044 Date of Disbursement 08 / 08 / 2008
	Mailing Address 4734 Highway 280 S	Amount of Each Disbursement this Period 40.00
	City Birmingham State AL Zip Code 35242-5148	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bloom Flowers	Transaction ID: 81014.E10000 Date of Disbursement 08 / 02 / 2008
	Mailing Address 2518 18th Street S	Amount of Each Disbursement this Period 204.38
	City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign flowers	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN FLOWERS
	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) ▼

C.	Full Name (Last, First, Middle Initial) Bromberg & Company	Transaction ID: 81014.E10006 Date of Disbursement 07 / 17 / 2008
	Mailing Address 2800 Cahaba Rd	Amount of Each Disbursement this Period 162.19
	City Birmingham State AL Zip Code 35223-2306	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign gift	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN 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) ▼

<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10032  
Date of Disbursement

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

Amount of Each Disbursement this Period

48.03
-------

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

[MEMO ITEM]

MEMO: CAMPAIGN MEAL

B.

Full Name (Last, First, Middle Initial)  
Chevron

Mailing Address 2188 Highland Ave S

City Birmingham State AL Zip Code 35205-4002

Purpose of Disbursement  
gasoline

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10038  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

64.27
-------

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

[MEMO ITEM]

MEMO: GASOLINE

C.

Full Name (Last, First, Middle Initial)  
Cracker Barrel

Mailing Address Post Office Box 787

City Lebanon State TN Zip Code 37088-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10004  
Date of Disbursement

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

Amount of Each Disbursement this Period

28.98
-------

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

[MEMO ITEM]

MEMO: CAMPAIGN MEAL

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E9988 Date of Disbursement 07 / 18 / 2008
	Mailing Address 1843 Montgomery Hwy	Amount of Each Disbursement this Period 55.59
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E10010 Date of Disbursement 07 / 26 / 2008
	Mailing Address 1843 Montgomery Hwy	Amount of Each Disbursement this Period 20.68
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E9996 Date of Disbursement 07 / 28 / 2008
	Mailing Address 1843 Montgomery Hwy	Amount of Each Disbursement this Period 54.00
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Dales Southern Grill	Transaction ID: 81014.E10011 Date of Disbursement 08 / 15 / 2008
	Mailing Address 1843 Montgomery Hwy	Amount of Each Disbursement this Period 48.05
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Exxon	Transaction ID: 81014.E10030 Date of Disbursement 07 / 30 / 2008
	Mailing Address 200 Massachusetts Ave NE	Amount of Each Disbursement this Period 74.05
	City Washington State DC Zip Code 20002-4941	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline Candidate Name	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: 81014.E10055 Date of Disbursement 08 / 01 / 2008
	Mailing Address PO Box 1140	Amount of Each Disbursement this Period 26.00
	City Memphis State TN Zip Code 38101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement shipping Candidate Name	<b>[MEMO ITEM]</b> MEMO: SHIPPING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E10049 Date of Disbursement 07 / 18 / 2008 Amount of Each Disbursement this Period 28.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
	Category/Type	[ ]

<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E10054 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 41.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
	Category/Type	[ ]

<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E10053 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 28.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SHIPPING
	Category/Type	[ ]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) La Lomita	Transaction ID: 81014.E10007
	Mailing Address 1330 Pennsylvania Avenue	Date of Disbursement 07 / 24 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 38.80
	Purpose of Disbursement campaign meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

B.	Full Name (Last, First, Middle Initial) Michaels Steak & Seafood	Transaction ID: 81014.E10016
	Mailing Address 3340 Galleria Circle	Date of Disbursement 08 / 15 / 2008
	City Birmingham State AL Zip Code 35244-	Amount of Each Disbursement this Period 99.92
	Purpose of Disbursement campaign meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

C.	Full Name (Last, First, Middle Initial) NIKIS West Steak and Sea	Transaction ID: 81014.E10041
	Mailing Address 233 Finley Ave W	Date of Disbursement 08 / 07 / 2008
	City Birmingham State AL Zip Code 35204-1074	Amount of Each Disbursement this Period 22.97
	Purpose of Disbursement campaign meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL

<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)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 81014.E10052 Date of Disbursement
	Mailing Address 7001 Crestwood Blvd	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Birmingham State AL Zip Code 35210-2332	Amount of Each Disbursement this Period
	Purpose of Disbursement toner	<input type="text" value="141.69"/>
	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:	<b>[MEMO ITEM]</b> MEMO: TONER
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 81014.E10051 Date of Disbursement
	Mailing Address 7001 Crestwood Blvd	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Birmingham State AL Zip Code 35210-2332	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="36.28"/>
	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:	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) House of Representatives	Transaction ID: 81014.E10008 Date of Disbursement
	Mailing Address Us Capitol	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20515-0001	Amount of Each Disbursement this Period
	Purpose of Disbursement constituent meal	<input type="text" value="53.60"/>
	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:	<b>[MEMO ITEM]</b> MEMO: CONSTITUENT MEAL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) House of Representatives	Transaction ID: 81014.E10018 Date of Disbursement 07 / 31 / 2008
	Mailing Address Us Capitol	Amount of Each Disbursement this Period 127.75
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement constituent meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CONSTITUENT MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Sawmeal Restaurant	Transaction ID: 81014.E10022 Date of Disbursement 08 / 08 / 2008
	Mailing Address 6880 Highway 5	Amount of Each Disbursement this Period 154.00
	City Brent State AL Zip Code 35034-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign meal Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: 81014.E10025 Date of Disbursement 08 / 16 / 2008
	Mailing Address Acton Road	Amount of Each Disbursement this Period 60.13
	City Birmingham State AL Zip Code 35242-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gasoline Candidate Name	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Shell

Mailing Address Acton Road

City Birmingham State AL Zip Code 35242-

Purpose of Disbursement  
gasoline

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10009  
Date of Disbursement

07 / 26 / 2008

Amount of Each Disbursement this Period

61.05

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

[MEMO ITEM]  
MEMO: GASOLINE

B.

Full Name (Last, First, Middle Initial)  
Sonoma

Mailing Address 223 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10033  
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

34.70

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

[MEMO ITEM]  
MEMO: CAMPAIGN MEAL

C.

Full Name (Last, First, Middle Initial)  
Tortilla Coast

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
campaign meal

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81014.E10034  
Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

21.32

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

[MEMO ITEM]  
MEMO: CAMPAIGN MEAL

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: 81014.E10050 Date of Disbursement 07 / 18 / 2008
	Mailing Address U.S. Post Office	Amount of Each Disbursement this Period 42.20
	City Birmingham State AL Zip Code 35213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
	Purpose of Disbursement postage 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.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: 81014.E10019 Date of Disbursement 08 / 01 / 2008
	Mailing Address U.S. Post Office	Amount of Each Disbursement this Period 2.58
	City Birmingham State AL Zip Code 35213-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
	Purpose of Disbursement postage 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) ▼

C.	Full Name (Last, First, Middle Initial) Village Tavern	Transaction ID: 81014.E10021 Date of Disbursement 08 / 06 / 2008
	Mailing Address 101 Summit Boulevard	Amount of Each Disbursement this Period 326.15
	City Birmingham State AL Zip Code 35243-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN MEAL
	Purpose of Disbursement campaign meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 4009</p> <p>City Silver Spring State MD Zip Code 20914-4009</p> <p>Purpose of Disbursement Sim Card for LB</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> 81014.E9806 <b>Date of Disbursement</b> 05 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 24.51</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: SIM CARD FOR LB</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address P.O. Box 660351</p> <p>City Dallas State TX Zip Code 75266-0351</p> <p>Purpose of Disbursement quarterly taxes</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> 81014.E9800 <b>Date of Disbursement</b> 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 803.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>QUARTERLY TAXES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address P.O. Box 660351</p> <p>City Dallas State TX Zip Code 75266-0351</p> <p>Purpose of Disbursement 2007 taxes</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> 81014.E9801 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 11925.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>2007 TAXES</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12728.28</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)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) Dan Mattoon  Mailing Address 1001 G Street NW Suite 750 E  City Washington State DC Zip Code 20001-  Purpose of Disbursement fundraising services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81022.C10841IK Date of Disbursement 07 / 23 / 2008  Amount of Each Disbursement this Period 650.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND: FUNDRAISING SERVICES
B.	Full Name (Last, First, Middle Initial) Pearce, Bevill, Leesburg, Moore  Mailing Address 110 Office Park Drive, Suite 100  City Birmingham State AL Zip Code 35223-2402  Purpose of Disbursement accounting services payroll tax ret 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: 81014.E9807 Date of Disbursement 07 / 18 / 2008  Amount of Each Disbursement this Period 45.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ACCOUNTING SERVICES PAYROLL TAX RET
C.	Full Name (Last, First, Middle Initial) Pearce, Bevill, Leesburg, Moore  Mailing Address 110 Office Park Drive, Suite 100  City Birmingham State AL Zip Code 35223-2402  Purpose of Disbursement financial disclosure for ethics com 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: 81014.E9815 Date of Disbursement 07 / 29 / 2008  Amount of Each Disbursement this Period 1250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FINANCIAL DISCLOSURE FOR ETHICS COM

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1945.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Ms. Michele Reisner

Transaction ID: 81014.E9820  
Date of Disbursement

Mailing Address 831 Linwood Court

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Birmingham State AL Zip Code 35222-

Amount of Each Disbursement this Period

1581.12
---------

Purpose of Disbursement

July Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

JULY SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms. Michele Reisner

Transaction ID: 81014.E9842  
Date of Disbursement

Mailing Address 831 Linwood Court

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

City Birmingham State AL Zip Code 35222-

Amount of Each Disbursement this Period

1581.12
---------

Purpose of Disbursement

August Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

AUGUST SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms. Michele Reisner

Transaction ID: 81014.E9896  
Date of Disbursement

Mailing Address 831 Linwood Court

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	8

City Birmingham State AL Zip Code 35222-

Amount of Each Disbursement this Period

1581.12
---------

Purpose of Disbursement

September Salary

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SEPTEMBER SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

4743.36
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Mr. J. David Sims

Transaction ID: 81014.E9782  
Date of Disbursement

Mailing Address 11414 Kedleston Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

City State Zip Code  
Glenn Dale MD 20769-2019

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
photographic Services 6/16/08  
Candidate Name

Category/ Type
-------------------

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

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

PHOTOGRAPHIC SERVICES 6/1-6/08

B.

Full Name (Last, First, Middle Initial)  
State of Alabama

Transaction ID: 81014.E9802  
Date of Disbursement

Mailing Address PO Box 232

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

City State Zip Code  
Birmingham AL 35201-0232

Amount of Each Disbursement this Period

105.00
--------

Purpose of Disbursement  
quarterly taxes  
Candidate Name

Category/ Type
-------------------

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

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

QUARTERLY TAXES

C.

Full Name (Last, First, Middle Initial)  
State of Alabama

Transaction ID: 81014.E9803  
Date of Disbursement

Mailing Address PO Box 232

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City State Zip Code  
Birmingham AL 35201-0232

Amount of Each Disbursement this Period

3902.00
---------

Purpose of Disbursement  
2007 taxes  
Candidate Name

Category/ Type
-------------------

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

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

2007 TAXES

SUBTOTAL of Disbursements This Page (optional) .....

4657.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlotte Tanner Mailing Address 2604 Evergreen Dr City Birmingham State AL Zip Code 35235-2161 Purpose of Disbursement convention expenses/staff assistanc 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: 81014.E9798 Date of Disbursement 08 / 21 / 2008 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 CONVENTION EXPENSES/STAFF ASSISTANC
<b>B.</b>	Full Name (Last, First, Middle Initial) Warren Tryon Mailing Address 1125 Maryland Avenue, N.E. #2 City Washington State DC Zip Code 20002- Purpose of Disbursement 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: 80710.E9641 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 1424.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) Bon Vivant Catering Mailing Address 315 Madison Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement catering for fundraiser 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: 80710.E9642 Date of Disbursement 06 / 10 / 2008 Amount of Each Disbursement this Period 1424.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING FOR FUNDRAISER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1924.50
<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)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: 81014.E9780  
Date of Disbursement

Mailing Address PO Box 4009

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

City Silver Spring State MD Zip Code 20914-4009

Amount of Each Disbursement this Period

575.62
--------

Purpose of Disbursement  
cell phones

--

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

Candidate Name

--

CELL PHONES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: 81014.E9825  
Date of Disbursement

Mailing Address PO Box 4009

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

City Silver Spring State MD Zip Code 20914-4009

Amount of Each Disbursement this Period

603.64
--------

Purpose of Disbursement  
cell phones

--

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

Candidate Name

--

CELL PHONES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: 81014.E9864  
Date of Disbursement

Mailing Address PO Box 4009

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

City Silver Spring State MD Zip Code 20914-4009

Amount of Each Disbursement this Period

636.69
--------

Purpose of Disbursement  
cell phones

--

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

Candidate Name

--

CELL PHONES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1815.95
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

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

Transaction ID: 81014.E9795

Date of Disbursement

Mailing Address 4244 3rd Avenue South

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

City Birmingham State AL Zip Code 35222-

Amount of Each Disbursement this Period

32.82
-------

Purpose of Disbursement  
printing

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PRINTING

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

32.82
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TOTAL This Period (last page this line number only) .....

85539.48
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Alabama Republican Party

Mailing Address PO Box 55628

City Birmingham State AL Zip Code 35255-0000

Purpose of Disbursement  
2008 SUMMER DINNER

Candidate Name  
ALABAMA REPUBLICAN PARTY

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E9811  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
American Cancer Society

Mailing Address 1100 Ireland Way

City Birmingham State AL Zip Code 35205-7004

Purpose of Disbursement  
2008 HOPE GALA

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E9812  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

C.

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

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
IN-KIND FNDRSNG SRVCES - MCCOTTER

Candidate Name  
THADDEUS G MCCOTTER

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 11

Transaction ID: 81014.E10074  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

in-kind fndrsng srvces - McCotter

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bogart Associates</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement IN-KIND FNDRSNG SRVCS - MCCARTHY</p> <p>Candidate Name KEVIN MCCARTHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E10075</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>in-kind fndrsng srvcs - McCarthy</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st St SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement 1ST THURSDAY LUNCHEON - MCCOTTER</p> <p>Candidate Name THADDEUS G MCCOTTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9826</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 871.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>1st Thursday Luncheon - McCotter</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st St SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement 1ST THURS LUNCHEON - MCCARTHY</p> <p>Candidate Name KEVIN MCCARTHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9876</p> <p>Date of Disbursement 09 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 871.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>1st Thurs luncheon - McCa-rthy</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2242.40</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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Chabot for Congress

Mailing Address 3339 Harrison Avenue

City State Zip Code  
Cincinnati OH 45211-

Purpose of Disbursement

Candidate Name  
STEVE CHABOT

Office Sought:  House  
 Senate  
 President

State: OH District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 81014.E9739  
Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)  
Chilton County Republican Party

Mailing Address PO Box 6

City State Zip Code  
Clanton AL 35046-0006

Purpose of Disbursement  
FISH FRY EVENT

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 81014.E9858  
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)  
Clanton Lions Club

Mailing Address PO Box 601

City State Zip Code  
Clanton AL 35046-0601

Purpose of Disbursement  
PEACH FESTIVAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 80710.E9634  
Date of Disbursement

07 / 02 / 2008

Amount of Each Disbursement this Period

400.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3400.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David Davis Victory Fund  Mailing Address P.O. Box 781  City Johnson City State TN Zip Code 37605-  Purpose of Disbursement  Candidate Name DAVID DAVIS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01  Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 debt	Transaction ID: 81014.E9873 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Thelma Drake for Congress  Mailing Address P.O. Box 61480  City Virginia Beach State VA Zip Code 23466-  Purpose of Disbursement  Candidate Name THELMA D. DRAKE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9857 Date of Disbursement 09 / 04 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Vickie Evans Fuller Campaign  Mailing Address P.O. Box 59793.  City Birmingham State AL Zip Code 35259-  Purpose of Disbursement CONTRIBUTION - CO. TREASURER  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9865 Date of Disbursement 09 / 12 / 2008  Amount of Each Disbursement this Period 300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2300.00
<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)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Goode for Congress</p> <p>Mailing Address 235 South Main Street</p> <p>City Rocky Mount State VA Zip Code 24151-</p> <p>Purpose of Disbursement</p> <p>Candidate Name VIRGIL H. GOODE, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E10073</p> <p>Date of Disbursement 09 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hayes for Congress</p> <p>Mailing Address PO Box 2000</p> <p>City Concord State NC Zip Code 28026-2000</p> <p>Purpose of Disbursement</p> <p>Candidate Name ROBERT C. HAYES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9740</p> <p>Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JBS Mental Health Authority</p> <p>Mailing Address 940 Montclair Road Suite 200</p> <p>City Birmingham State AL Zip Code 35213-</p> <p>Purpose of Disbursement MEMORIAL GARY DRUMMOND JR.</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9840</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>4300.00</b></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)

PAGE 121 / 127

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Jefferson County Republican Party  Mailing Address 2804 Crescent Ave  City Birmingham State AL Zip Code 35209-2520 Purpose of Disbursement CONTRIBUTION GOLF FUNDRAISER Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9816 Date of Disbursement 07 / 30 / 2008  Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Lance for Congress  Mailing Address P.O. Box 225  City Colonia State NJ Zip Code 07067- Purpose of Disbursement Candidate Name LEONARD LANCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9741 Date of Disbursement 07 / 29 / 2008  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
<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Lee for Congress  Mailing Address P.O. Box 15395  City Rochester State NY Zip Code 14615- Purpose of Disbursement Candidate Name CHRISTOPHER J. LEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9742 Date of Disbursement 07 / 29 / 2008  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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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)  
Bachus for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jay Love for Congress</p> <p>Mailing Address 1020 Monticello Court Suite 205</p> <p>City Montgomery State AL Zip Code 36117-</p> <p>Purpose of Disbursement</p> <p>Candidate Name JAY K LOVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9867</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jay Love for Congress</p> <p>Mailing Address 1020 Monticello Court Suite 205</p> <p>City Montgomery State AL Zip Code 36117-</p> <p>Purpose of Disbursement</p> <p>Candidate Name JAY K LOVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 debt</p>	<p><b>Transaction ID:</b> 81014.E9870</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jay Love for Congress</p> <p>Mailing Address 1020 Monticello Court Suite 205</p> <p>City Montgomery State AL Zip Code 36117-</p> <p>Purpose of Disbursement</p> <p>Candidate Name JAY K LOVE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff 2008 debt</p>	<p><b>Transaction ID:</b> 81014.E9871</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</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)

PAGE 123 / 127

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.	Full Name (Last, First, Middle Initial) NRCC  Mailing Address 320 1st St SE  City Washington State DC Zip Code 20003-1838  Purpose of Disbursement BATTLEGROUND Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9809 Date of Disbursement 07 / 09 / 2008  Amount of Each Disbursement this Period 304000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Committee to re-elect S. Earl Niven  Mailing Address PO Box 75  City Chelsea State AL Zip Code 35043-0075  Purpose of Disbursement CONTRIBUTION - CHELSEA MAYOR Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9848 Date of Disbursement 08 / 26 / 2008  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wayne Parker For Congress  Mailing Address P.O. Box 16135  City Huntsville State AL Zip Code 35802-  Purpose of Disbursement  Candidate Name WAYNE PARKER, JR.  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E9872 Date of Disbursement 09 / 12 / 2008  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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

306500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Erik Paulsen</p> <p>Mailing Address P.O. Box 44369 250 Prairie Center Drive</p> <p>City Eden Prairie State MN Zip Code 55344-</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name ERIK PAULSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9743 <b>Date of Disbursement</b> 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Porter for Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131-0000</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name JON C PORTER, SR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9744 <b>Date of Disbursement</b> 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Dave Reichert</p> <p>Mailing Address P.O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015-</p> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <p>Candidate Name DAVE REICHERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81014.E9745 <b>Date of Disbursement</b> 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<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)  
Bachus for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Republican Womens Club of the South <hr/> Mailing Address 1841 Montclair Drive <hr/> City Birmingham State AL Zip Code 35216-1434 <hr/> Purpose of Disbursement GOLD SPONSORSHIP FOR FUNDRAISER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81014.E9808 Date of Disbursement 07 / 18 / 2008 <hr/> 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
<b>B.</b>	Full Name (Last, First, Middle Initial) Mike Rogers for Congress <hr/> Mailing Address 123 East 13th Street <hr/> City Anniston State AL Zip Code 36201-0000 <hr/> Purpose of Disbursement Candidate Name MICHAEL ROGERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 03	Transaction ID: 81014.E9746 Date of Disbursement 07 / 29 / 2008 <hr/> 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
<b>C.</b>	Full Name (Last, First, Middle Initial) Schock for Congress <hr/> Mailing Address P. O. Box 10555 <hr/> City Peoria State IL Zip Code 61612- <hr/> Purpose of Disbursement Candidate Name AARON JON SCHOCK <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18	Transaction ID: 81014.E9747 Date of Disbursement 07 / 29 / 2008 <hr/> 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

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
St Clair County Republican Party

Mailing Address 5802 Lee Rd

City Pell City State AL Zip Code 35128-6814

Purpose of Disbursement

Candidate Name

Category/Type

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

State: District:

Transaction ID: 81014.E9874

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
TAPS Tragedy Assistance Program for Surv

Mailing Address 910 17th Street NW Suite 800

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
FALLEN HEROES LUNCHEON

Candidate Name

Category/Type

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

State: District:

Transaction ID: 81014.E9810

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sandy Treadwell for Congress

Mailing Address P.O. Box 685

City Saratoga Springs State NY Zip Code 12866-

Purpose of Disbursement

Candidate Name  
SANDY TREADWELL

Category/Type

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

State: NY District: 20

Transaction ID: 81014.E9855

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bachus for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Uab Department of Psychiatry

Transaction ID: 81014.E9841  
Date of Disbursement

Mailing Address Sparks Center, Ste 560  
1720 7th Ave South

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

City Birmingham State AL Zip Code 35294-

Amount of Each Disbursement this Period

300.00
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Purpose of Disbursement  
MEMORIAL GARY DRUMMOND JR.

Category/Type
---------------

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Darren White for Congress

Transaction ID: 81014.E9748  
Date of Disbursement

Mailing Address P.O. Box 16601

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

City Albuquerque State NM Zip Code 87191-

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement

Category/Type
---------------

Candidate Name  
DARREN P WHITE

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

SUBTOTAL of Disbursements This Page (optional) .....

2300.00
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TOTAL This Period (last page this line number only) .....

349042.40
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