

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

Poe for Congress

ADDRESS (number and street) P.O. Box 14222

Check if different than previously reported. (ACC) Humble TX 77347

2. **FEC IDENTIFICATION NUMBER** C00392670 **CITY** **STATE** TX **ZIP CODE** 77347 **STATE** TX **DISTRICT** 2

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)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2004 in the State of TX

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2004 through 10 13 2004

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 Virgil Poe

Signature of Treasurer Electronically Filed by Virgil Poe Date 04 02 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Poe for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

	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)).....	44010.00	1246139.28
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	11050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44010.00	1235089.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	445510.02	1168834.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	250.00	863.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	445260.02	1167971.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131802.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Poe for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

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).....

25550.00

781869.89

(ii) Unitemized.....

11460.00

130841.00

(iii) TOTAL of contributions

37010.00

912710.89

from individuals..... ▶

0.00

9000.00

(b) Political Party Committees.....

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

7000.00

324428.39

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

44010.00

1246139.28

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

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

0.00

66244.27

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

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

250.00

863.50

15. OTHER RECEIPTS

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

0.00

0.00

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

44260.00

1313247.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	445510.02	1168834.76
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	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11050.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	445510.02	1179884.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	533052.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44260.00
25. SUBTOTAL (add Line 23 and Line 24).....	577312.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	445510.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131802.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Pauline Adams

Mailing Address 17139 Beaver Springs Dr.

City State Zip Code
Houston TX 77090

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

Name of Employer
Congressman Ted Poe

Occupation
campaign worker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2004

Transaction ID: 41021.C3114

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 1325 Lombardy Rd.

City State Zip Code
Pasadena CA 91106

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

Name of Employer
Research Affiliates, LLC

Occupation
Chairman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2004

Transaction ID: 41015.C2312

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Pamela Bailey

Mailing Address 15318 Beecham Drive

City State Zip Code
Houston TX 77068

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

Name of Employer
Chapparral Management

Occupation
Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2004

Transaction ID: 41021.C3115

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Bent

Mailing Address 1250 Broadway 32nd

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
The Reserve Funds CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41015.C2354

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Brian Binash

Mailing Address 1202 Provident Oaks

City State Zip Code
Houston TX 77077

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

Name of Employer Occupation
Wilshire Homes Sales

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41015.C2332

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Derwood Chase

Mailing Address 300 Preston Ave Ste.

City State Zip Code
Charlottesville VA 22902

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

Name of Employer Occupation
Chase Investment Counsel Corp President and Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41015.C2362

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<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)
Poe for Congress

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

Mailing Address 7151 Cascade Valley

City State Zip Code
Las Vegas NV 89128

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

Name of Employer self employed Occupation
Physician

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: 41015.C2369

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Holland Coors

Mailing Address 100 Castle Rock Dr.

City State Zip Code
Golden CO 80401

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

Name of Employer Coors Distributing Co. Occupation
Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

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

Transaction ID: 41021.C3083

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
. Club For Growth

Mailing Address 1776 K. Street N.W. #300

City State Zip Code
Washington DC 20006

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

Name of Employer Information Requested Occupation
Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Other

68147.50

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

Transaction ID: CM21441021.C3083

Amount of Each Receipt this Period
300.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Earmarked Memo - Conduit total

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<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)
Poe for Congress

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

Mailing Address 231 Kimball Ave

City State Zip Code
Westfield NJ 07090

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 41015.C2375

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Philip Drago, Jr.

Mailing Address PO Box 1647

City State Zip Code
Port Arthur TX 77640

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

Name of Employer self employed Occupation Drago Partners

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 41021.C3119

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 1120 8th Avenue #210

City State Zip Code
Seattle WA 98101

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 41015.C2361

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Morris Dunn

Mailing Address PO Box 607

City State Zip Code
New Vernon NJ 07976

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

Name of Employer Milbank Tweed Hadley & McCoy
Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 41015.C2340

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Claire Eckert

Mailing Address 134 Ballantine Road

City State Zip Code
Bernardsville NJ 07924

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

Name of Employer N/A
Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41015.C2364

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jack Farnham, Jr.

Mailing Address 2115 Surrey Lane

City State Zip Code
Bossier City LA 71111

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

Name of Employer Winwell Resources, Inc
Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 41015.C2398

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Harvey Fleisher

Mailing Address 26 Champions Bend Cir

City State Zip Code
Houston TX 77069

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

Name of Employer Self Occupation Engineer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

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

Transaction ID: 41021.C3120

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mary Fleming

Mailing Address 4965 Littlewood

City State Zip Code
Beaumont TX 77706

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 4

Transaction ID: 41021.C3043

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)
Russell E. Ginn

Mailing Address 13510 Belhaven

City State Zip Code
Houston TX 77069

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

Name of Employer The Flex Group Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 41021.C3122

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Ellen Glasier

Mailing Address 5911 Masters Drive

City State Zip Code
Houston TX 77069

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

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2004

Transaction ID: 41021.C3123

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Nancy Grayson

Mailing Address 8823 Kennet Valley

City State Zip Code
Spring TX 77379

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

Name of Employer Heritage Properties Occupation Realtor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2004

Transaction ID: 41021.C3124

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)
Norman Harbert

Mailing Address PO Box 127

City State Zip Code
Hiram OH 44234

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

Name of Employer Hawk Corporation Occupation Chairman and CEO

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2004

Transaction ID: 41015.C2383

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W Bleeker St

City State Zip Code
Aspen CO 81611-1228

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 41015.C2325

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
L.C. Hilton, Jr.

Mailing Address P.O. Box 59462 4116

City State Zip Code
Panama City FL 32412

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

Name of Employer self employed Occupation builder

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41015.C2372

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
R. Jernigan

Mailing Address 10909 Greenwillow St

City State Zip Code
Houston TX 77035

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

Name of Employer Bacou-Dalloz Occupation sales manager

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 41015.C2336

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Kavalier

Mailing Address 80 Pine St.

City State Zip Code
New York NY 10005

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

Name of Employer Occupation
Cahill, Gordon & Reindel securities broker
LLP

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 41015.C2324

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Leo Kayser, Jr.

Mailing Address 800 Shades Creek Pkw

City State Zip Code
Birmingham AL 35209

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

Name of Employer Occupation
Sterne Agee & Leach registered representative

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41015.C2373

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mark Klein

Mailing Address 16131 Champion Forest Drive

City State Zip Code
Klein TX 77379

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

Name of Employer Occupation
Klein Funeral Home Minister

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 41021.C3029

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 38
	<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)
Poe for Congress

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

Mailing Address 31483 Morning Star D

City State Zip Code
Evergreen CO 80439

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 41015.C2334

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ed Ligon

Mailing Address 12115 Hinson Rd Ste

City State Zip Code
Little Rock AR 72212

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 41015.C2349

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Neil McDaniel

Mailing Address 3685 Mt. Diabie Blvd

City State Zip Code
Lafayette CA 94549

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

Name of Employer self employed Occupation property manager

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 41015.C2385

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Steven McReynolds

Mailing Address 305 King Arthur

City State Zip Code
Port Neches TX 77651-5457

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

Name of Employer Occupation
Groves Equipment rental President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 4

Transaction ID: 41021.C3047

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Wiley Mossey

Mailing Address 1000 Uptown Park Blv

City State Zip Code
Houston TX 77056

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

Name of Employer Occupation
Mossey Nissan auto dealer owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: 41015.C2330

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Suzanne Murphy

Mailing Address 10808 Fox Hunt Lane

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

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

Transaction ID: 41021.C3099

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Club For Growth

Mailing Address 1776 K. Street N.W. #300

City Washington State DC Zip Code 20006

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 69492.50

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

Transaction ID: CM23041021.C3099

Amount of Each Receipt this Period
 350.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
James O'Neill

Mailing Address 5036 Radbrook Place

City Dallas State TX Zip Code 75220

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

Name of Employer Retired Occupation N / A

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

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

Transaction ID: 41015.C2308

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
David Powers

Mailing Address 1610 FM 1463 Rd.

City Katy State TX Zip Code 77494

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

Name of Employer David Powers Homes Occupation President

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

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

Transaction ID: 41021.C3071

Amount of Each Receipt this Period
 500.00

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

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

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Karen Rigby

Mailing Address 301 S. 2nd

City State Zip Code
La Porte TX 77571

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 41021.C3129

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Alan Sager

Mailing Address 7801 N. Lamar, SuiteA139

City State Zip Code
Austin TX 78752

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

Name of Employer University of Texas Occupation Professor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 41015.C2402

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Serrano

Mailing Address 1415 Arbor Court

City State Zip Code
Nederland TX 77627

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

Name of Employer Self Occupation Doctor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 41021.C3072

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Rex Sinquefield

Mailing Address 1299 Ocean Ave 1

City State Zip Code
Santa Monica CA 90401

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

Name of Employer Dimensional Fund Advisors Occupation Chairman of the Board

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2004

Transaction ID: 41015.C2344

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mark Stuart

Mailing Address PO Box 90414

City State Zip Code
Houston TX 77290

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

Name of Employer KSF Orthopaedic Group Occupation Surgeon

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2004

Transaction ID: 41021.C3034

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Osman Swati

Mailing Address 7910 Greenhill Dr.

City State Zip Code
Port Arthur TX 77642

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

Name of Employer Pale Oil Co Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2004

Transaction ID: 41021.C3051

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Sam Texas

Mailing Address PO Box 55707

City State Zip Code
Houston TX 77001

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

Name of Employer self employed Occupation Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 4

Transaction ID: 41021.C3035

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)
H. Theias

Mailing Address 230 South Chadbourne

City State Zip Code
Los Angles CA 90049

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

Name of Employer N/A Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: 41015.C2391

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Byman O. Wilson

Mailing Address 1115 Manatee Lane

City State Zip Code
Houston TX 77090

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

Name of Employer Colt International, Inc. Occupation Financial Consultant/Semi Reti

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

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

Transaction ID: 41015.C2363

Amount of Each Receipt this Period
200.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 38
	(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)
Poe for Congress

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

Mailing Address 300 Crescent Court
Suite 1000

City State Zip Code
Dallas TX 75201

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

Name of Employer Self Occupation Investor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2004

Transaction ID: 41021.C3067

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)
Patricia Wysong

Mailing Address 2707 Clublake Trail

City State Zip Code
Mc Kinney TX 75070

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

Name of Employer self employed Occupation Physician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2004

Transaction ID: 41015.C2343

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	25550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 38
	<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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Centerpoint Energy, Inc. PAC

Mailing Address PO Box 4567
Scott Rozzell

City Houston State TX Zip Code 77210-4567

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2004

Transaction ID: 41021.C3074

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)
Coble for Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2004

Transaction ID: 41021.C3054

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 Cattlemens Beef Association PA

Mailing Address 9110 E. Nichols Ave.

City Centennial State CO Zip Code 80112

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2004

Transaction ID: 41021.C3036

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Outback Steakhouse, Inc. PAC

Mailing Address 2202 N. West Shore Blvd
FL 5

City Tampa State FL Zip Code 33607

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 4

Transaction ID: 41021.C3055

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)
Textron, Inc. PAC

Mailing Address 1101 Pennsylvania Ave., NW
Suite 400 Robert Rowland

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 4

Transaction ID: 41021.C3037

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)
Textron, Inc. PAC

Mailing Address 1101 Pennsylvania Ave., NW
Suite 400 Robert Rowland

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41021.C3075

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

TOTAL This Period (last page this line number only) ► 7000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 38	
	(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)
Poe for Congress

A. Full Name (Last, First, Middle Initial)
Worldwide Systems Analysis

Mailing Address PO Box 14164

City State Zip Code
Humble TX 77347-

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	4

Transaction ID: 41021.C3068

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

**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)

PAGE 24 / 38

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Alexanders Fine Portraits		Transaction ID: 41021.E564 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address 312 Birdsell		Amount of Each Disbursement this Period 1017.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77007-	Category/Type PHOTOS	
Purpose of Disbursement PHOTOS	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHOTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 61006.E1910 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 2534.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265-	Category/Type REIMBURSEMENT FOR CAMPAIGN EXPENSES	
Purpose of Disbursement REIMBURSEMENT FOR CAMPAIGN EXPENSES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR CAMPAIGN EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) C. Aristotle		Transaction ID: 61006.E1922 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1834.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type CREDIT CARD FEES	
Purpose of Disbursement CREDIT CARD FEES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	5386.52
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Aristotle		Transaction ID: 70402.E2665 Date of Disbursement 10 / 13 / 2004
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 18.40
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD FEES	Candidate Name	CREDIT CARD FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ATW		Transaction ID: 41021.E567 Date of Disbursement 10 / 03 / 2004
Mailing Address 525 Northville		Amount of Each Disbursement this Period 764.93
City Houston State TX Zip Code 77037-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONES	Candidate Name	PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jill Bagley		Transaction ID: 41021.E551 Date of Disbursement 10 / 03 / 2004
Mailing Address 710 Golden Bear		Amount of Each Disbursement this Period 191.18
City Kingwood State TX Zip Code 77339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES	Candidate Name	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	974.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

A. Baselice and Associates Full Name (Last, First, Middle Initial) Mailing Address 4131 Spicewood Springs Road, Suite City Austin State TX Zip Code 78759- Purpose of Disbursement DEMOGRAPHICS 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: 41021.E550 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 7660.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DEMOGRAPHICS
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B. Baytown Sun Full Name (Last, First, Middle Initial) Mailing Address 1301 Memorial Drive City Baytown State TX Zip Code 77520- Purpose of Disbursement AD 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: 41021.E591 Date of Disbursement 10 / 11 / 2004 Amount of Each Disbursement this Period 228.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD
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C. Beaumont Community Chronicle Full Name (Last, First, Middle Initial) Mailing Address 595 Orleans Street Ste. 915 City Beaumont State TX Zip Code 77701- Purpose of Disbursement AD 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: 41021.E590 Date of Disbursement 10 / 08 / 2004 Amount of Each Disbursement this Period 285.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD
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SUBTOTAL of Disbursements This Page (optional) ▶	8174.18
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)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group		Transaction ID: 41021.E570 Date of Disbursement 10 / 03 / 2004
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 119.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/Type	
Purpose of Disbursement SUPPLIES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Dan Bledsoe		Transaction ID: 41021.E593 Date of Disbursement 10 / 10 / 2004
Mailing Address 5898 Baird		Amount of Each Disbursement this Period 255.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Groves State TX Zip Code 77619-	Category/Type	
Purpose of Disbursement TRAVEL	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Patti Chapman		Transaction ID: 41021.E573 Date of Disbursement 10 / 03 / 2004
Mailing Address 19231 Clear Sky Drive		Amount of Each Disbursement this Period 836.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kingwood State TX Zip Code 77346-	Category/Type	
Purpose of Disbursement SUPPLIES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1212.12
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

A. Houston Club Full Name (Last, First, Middle Initial) Mailing Address 811 Rusk Ste. 715 City Houston State TX Zip Code 77002-		Transaction ID: 41021.E569 Date of Disbursement: 10 / 03 / 2004 Amount of Each Disbursement this Period 775.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FEE
Purpose of Disbursement: EVENT FEE 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) ▼		Category/Type: _____ EVENT FEE

B. Houston NW Chamber Full Name (Last, First, Middle Initial) Mailing Address 14511 Falling Creek City Houston State TX Zip Code 77014-		Transaction ID: 41021.E562 Date of Disbursement: 10 / 03 / 2004 Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BOOTH
Purpose of Disbursement: BOOTH 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) ▼		Category/Type: _____ BOOTH

C. Intl Mailing Systems Inc Full Name (Last, First, Middle Initial) Mailing Address 815 Live Oak City Houston State TX Zip Code 77003-		Transaction ID: 41021.E548 Date of Disbursement: 10 / 01 / 2004 Amount of Each Disbursement this Period 24524.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 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) ▼		Category/Type: _____ POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	25351.69
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)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Intl Mailing Systems Inc		Transaction ID: 41021.E547 Date of Disbursement 10 / 01 / 2004
Mailing Address 815 Live Oak		Amount of Each Disbursement this Period 327.02
City Houston State TX Zip Code 77003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SERVICE FEE	Candidate Name	SERVICE FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Intl Mailing Systems Inc		Transaction ID: 41021.E586 Date of Disbursement 10 / 07 / 2004
Mailing Address 815 Live Oak		Amount of Each Disbursement this Period 14681.70
City Houston State TX Zip Code 77003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kingwood Screen Graphics		Transaction ID: 41021.E566 Date of Disbursement 10 / 03 / 2004
Mailing Address 1615 Lakeville Drive, Suite A		Amount of Each Disbursement this Period 2399.99
City Kingwood State TX Zip Code 77339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
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) ▶	17408.71
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)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Leedy Graphics		Transaction ID: 41021.E561 Date of Disbursement 10 / 03 / 2004
Mailing Address P.O. Box 680826		Amount of Each Disbursement this Period 450.32
City Houston State TX Zip Code 77268-0826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leedy Graphics		Transaction ID: 41021.E580 Date of Disbursement 10 / 04 / 2004
Mailing Address P.O. Box 680826		Amount of Each Disbursement this Period 492.54
City Houston State TX Zip Code 77268-0826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leedy Graphics		Transaction ID: 41021.E587 Date of Disbursement 10 / 08 / 2004
Mailing Address P.O. Box 680826		Amount of Each Disbursement this Period 656.00
City Houston State TX Zip Code 77268-0826	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	PRINTING
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) ▶	1598.86
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)
Poe for Congress

A. Multivision Full Name (Last, First, Middle Initial) Mailing Address 2700 Ygnacia Valley Road Ste. 135 City Walnut Creek State CA Zip Code 94598- Purpose of Disbursement MEDIA 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: 41021.E568 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 204.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA
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B. Northpark Shopping Center Full Name (Last, First, Middle Initial) Mailing Address 10203 Birchridge Drive - Leviner P City Humble State TX Zip Code 77338- Purpose of Disbursement UTILITIES 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: 41021.E565 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 470.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES
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C. Phelan & Phelan Full Name (Last, First, Middle Initial) Mailing Address 3775 Long City Beaumont State TX Zip Code 77706- Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41021.E559 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
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SUBTOTAL of Disbursements This Page (optional) ▶	1474.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

<p>A. Ted Poe</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 14222</p> <p>City Humble State TX Zip Code 77347-</p> <p>Purpose of Disbursement SEE BELOW: REIMBURSE</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>Transaction ID: 41021.E589</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="748.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW: REIMBURSE</p>
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<p>B. Jill Bagley</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 710 Golden Bear</p> <p>City Kingwood State TX Zip Code 77339-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 0131200441E3</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1301.92"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PAYROLL</p>
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<p>C. Gary Polland</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5309 Braeburn</p> <p>City Bellaire State TX Zip Code 77401-</p> <p>Purpose of Disbursement GENERAL 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>Transaction ID: 41021.E553</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>GENERAL CONSULTING</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5748.07"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 38

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address Lake Houston City Humble State TX Zip Code 77325- 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: 70330.E2663 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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B. Heather Ramsey Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 3953 City Houston State TX Zip Code 77253- Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41021.E579 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 412.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL
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C. Heather Ramsey Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 3953 City Houston State TX Zip Code 77253- Purpose of Disbursement 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: 41021.E578 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 92.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES
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SUBTOTAL of Disbursements This Page (optional) ▶	874.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

A. SBC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 930170 City Dallas State TX Zip Code 75393-0170 Purpose of Disbursement PHONES 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: 60814.E1811 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 259.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES
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B. Shirley Acres Full Name (Last, First, Middle Initial) Mailing Address 217 Woerner Road City Houston State TX Zip Code 77090- Purpose of Disbursement EVENT FEE 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: 41021.E572 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 750.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FEE
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C. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 219505 City Kansas City State MO Zip Code 64121-9505 Purpose of Disbursement PHONES 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: 60814.E1808 Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 1126.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONES
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SUBTOTAL of Disbursements This Page (optional) ▶	2136.99
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 38

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: 60814.E1807 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address P.O. Box 219505		Amount of Each Disbursement this Period 313.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City State MO Zip Code 64121-9505	Category/Type	
Purpose of Disbursement PHONES	Candidate Name	PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. State of Virginia		Transaction ID: 61006.E2014 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 4
Mailing Address child support division		Amount of Each Disbursement this Period 304.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23219-	Category/Type	
Purpose of Disbursement CHILD SUPPORT FOR BLEDSOE	Candidate Name	CHILD SUPPORT FOR BLEDSOE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Strategic Public Affairs		Transaction ID: 41021.E557 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address One Riverway, Sutie 1700		Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77056-	Category/Type	
Purpose of Disbursement COMMUNICATIONS FEE	Candidate Name	COMMUNICATIONS FEE
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) ▶	2368.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 41021.E546 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address Kingwood Branch		Amount of Each Disbursement this Period 185.00
City Kingwood State TX Zip Code 77339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 41021.E581 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4
Mailing Address Kingwood Branch		Amount of Each Disbursement this Period 1872.99
City Kingwood State TX Zip Code 77339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 41021.E592 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address Kingwood Branch		Amount of Each Disbursement this Period 1850.00
City Kingwood State TX Zip Code 77339-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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) ▶	3907.99
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Walden and Assoc.		Transaction ID: 60814.E1812 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 55 Waugh Drive		Amount of Each Disbursement this Period 4000.00
City Houston State TX Zip Code 77077-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Walden and Assoc.		Transaction ID: 60814.E1813 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 55 Waugh Drive		Amount of Each Disbursement this Period 437.34
City Houston State TX Zip Code 77077-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Judy Ware		Transaction ID: 41021.E560 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address 1685 Brighton Ct.		Amount of Each Disbursement this Period 171.46
City Beaumont State TX Zip Code 77706-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES	Candidate Name	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4608.80
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

PAGE 38 / 38

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

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NAME OF COMMITTEE (In Full)
Poe for Congress

Full Name (Last, First, Middle Initial) A. Judy Ware		Transaction ID: 41021.E552 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address 1685 Brighton Ct.		Amount of Each Disbursement this Period 395.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Beaumont TX 77706-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement SUPPLIES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPLIES
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Transaction ID: 61006.E1928 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 123 W. Main		Amount of Each Disbursement this Period 261.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Humble TX 77338-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement PER ITEM DEPOSITED FEE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PER ITEM DEPOSITED FEE
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional)

657.67

TOTAL This Period (last page this line number only)

81884.01