

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
LOUIE GOHMERT FOR CONGRESS COMMITTEE

ADDRESS (number and street) PO BOX 8060
 Check if different than previously reported. (ACC)
TYLER TX 75711

2. **FEC IDENTIFICATION NUMBER** C00386532
CITY **STATE** TX **ZIP CODE** TX 01
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

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

5. Covering Period 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Wm. L. (Bill) Long
Signature of Treasurer Electronically Filed by Mr. Wm. L. (Bill) Long Date 04 04 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

LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	120666.00	445078.99
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	120666.00	443378.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	100128.63	372709.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	1183.56	1192.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98945.07	371517.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200997.37	
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 12/2003)

Write or Type Committee Name
 LOUIE GOHMERT FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

80250.00

343895.99

(ii) Unitemized.....

11916.00

39320.00

(iii) TOTAL of contributions

92166.00

383215.99

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

28500.00

61863.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

120666.00

445078.99

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

1183.56

1192.21

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

0.00

100.00

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

121849.56

446371.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100128.63	372709.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	5000.00	10100.00
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	700.00
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1700.00
21. OTHER DISBURSEMENTS.....	23000.00	72360.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	128128.63	456869.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	207276.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	121849.56
25. SUBTOTAL (add Line 23 and Line 24).....	329126.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	128128.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200997.37

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

Name of Candidate		Candidate ID Number	
Louie Gohmert		H4TX04039	
Name of Principal Campaign Committee		Committee ID Number	
LOUIE GOHMERT FOR CONGRESS COMMITTEE		C C00386532	
Committee Address PO BOX 8060			
City	State	ZIP	
TYLER	TX	75711	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	435121.20	12750.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	435121.20	12750.00	

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

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

FOR LINE NUMBER: PAGE 6 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jesse T. Acosta
Mailing Address 3810 Long Leaf Dr.
City Tyler State TX Zip Code 75707
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Texas at Tyler Occupation Administrator
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 25.00
Transaction ID: SA11AI.21714
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bill Adamson
Mailing Address P. O. Box 1496
City Kilgore State TX Zip Code 75663
FEC ID number of contributing federal political committee. **C**
Name of Employer Info Requested Occupation Info Requested
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 1000.00
Transaction ID: SA11AI.21479
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dr. John E. Adcock
Mailing Address 3805 Brookside Dr.
City Tyler State TX Zip Code 75707
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Pediodontist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
Transaction ID: SA11AI.21705
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1275.00**
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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Landon Alford

Mailing Address P. O. Box 67

City Henderson State TX Zip Code 75653

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

Name of Employer Self Occupation Oil & Gas Investments

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

Date of Receipt: 11 / 17 / 2007
Transaction ID: SA11AI.21949
 Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Madeline Alworth

Mailing Address 505 Cumberland Rd

City Tyler State TX Zip Code 75703

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

Name of Employer Housewife Occupation Housewife

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

Date of Receipt: 10 / 24 / 2007
Transaction ID: SA11AI.21567
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. J. Paul Arnold

Mailing Address 3623 Jill Circle

City Tyler State TX Zip Code 75701

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

Name of Employer Retired Occupation Vet

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

Date of Receipt: 10 / 24 / 2007
Transaction ID: SA11AI.21569
 Amount of Each Receipt this Period: 500.00

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

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

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 8 / 136
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) J. W. Arnold		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address P. O. Box 6566		Transaction ID: SA11AI.21961
	City Tyler	State TX	Zip Code 75711
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oil & Gas Election Cycle-to-Date ▼ 1750.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Frances Atkinson		Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 7 Paddington Way		Transaction ID: SA11AI.21801
	City San Antonio	State TX	Zip Code 78209
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Info Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mrs. Rowland Baldwin, Jr.		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 3801 Fry		Transaction ID: SA11AI.21720
	City Tyler	State TX	Zip Code 75701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Housewife Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 265.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	550.00
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 9 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Michael Barrett</p> <p>Mailing Address 15000 Surveyor Blvd Suite 100</p> <p>City State Zip Code Addison TX 75001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Barrett Burke Wilson Castle Da Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">575.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7</p> <p>Transaction ID: SA11AI.21689</p> <p>Amount of Each Receipt this Period 575.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Edward H. Bays</p> <p>Mailing Address 601 Cynthia Dr.</p> <p>City State Zip Code Longview TX 75605</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Petroleum Landman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 7</p> <p>Transaction ID: SA11AI.21813</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Tom Beets</p> <p>Mailing Address 9120 CR 117D</p> <p>City State Zip Code Overton TX 75684</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hospice of East Texas Physician</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7</p> <p>Transaction ID: SA11AI.21480</p> <p>Amount of Each Receipt this Period 150.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1025.00
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 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Tom Beets

Mailing Address 9120 CR 117D

City Overton State TX Zip Code 75684

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

Name of Employer: Hospice of East Texas Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 10 / 22 / 2007
Transaction ID: SA11AI.21534
Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Jamie Boring

Mailing Address 526 Park Heights Circle

City Tyler State TX Zip Code 75701

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

Name of Employer: Self Occupation: Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt: 10 / 25 / 2007
Transaction ID: SA11AI.21593
Amount of Each Receipt this Period: 100.00

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

C. Full Name (Last, First, Middle Initial)
Betty J. Bower

Mailing Address 321 W. 8th Street

City Tyler State TX Zip Code 75701

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

Name of Employer: Retired Occupation:

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: SA11AI.21696
Amount of Each Receipt this Period: 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial) John Bradley		Date of Receipt MM / DD / YYYY 11 / 03 / 2007
Mailing Address 11929 FM 729		Transaction ID: SA11AI.21802
City Avinger	State TX	Zip Code 75630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Timber Harvest & Reforestation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) John Bradley		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
Mailing Address 11929 FM 729		Transaction ID: SA11AI.21953
City Avinger	State TX	Zip Code 75630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Timber Harvest & Reforestation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

C.

Full Name (Last, First, Middle Initial) Calvin T. Brannon		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
Mailing Address 1840 Colcomb Circle		Transaction ID: SA11AI.21955
City Tyler	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The C. T. Brannon Corporation	Occupation Civil Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
David R. Brooks

Mailing Address 300 Pecan Dreek

City State Zip Code
Henderson TX 75654

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

Name of Employer Occupation
Gregg Industrial Insulators In Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.21497

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Carolyn R. G. Brown

Mailing Address 5602 Delwood Dr

City State Zip Code
Austin TX 78723

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 Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.21803

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Col. James K. Brown, Jr.

Mailing Address 17679 Briarpatch

City State Zip Code
Lindale TX 75771

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

Name of Employer Occupation
Texas National Guard Brigade Commander

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.21804

Amount of Each Receipt this Period
100.00

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

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

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 13 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Jim Buller
Mailing Address P. O. Box 102
City San Felipe State TX Zip Code 77473
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Rancher
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.21595
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Anthony Cain
Mailing Address 7046 Walden Dr
City Tyler State TX Zip Code 75703
FEC ID number of contributing federal political committee. **C**
Name of Employer Olympic Waste Service Occupation Sales Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.21596
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Carpenter
Mailing Address 2301 Woodbine
City Gladewater State TX Zip Code 75647
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Oil Operator
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 13 / 2007
Transaction ID: SA11AI.21481
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00
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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
G. Dean Childres

Mailing Address P. O. Box 995

City State Zip Code
Lindale TX 75771-0995

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

Name of Employer Occupation
RBC Dain Rauscher Stockbroker

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

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

Transaction ID: SA11AI.21598

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
John O. Childs

Mailing Address 1129 Pollard

City State Zip Code
Tyler TX 75701-9038

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

Name of Employer Occupation
Self Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.21570

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Edward Cole

Mailing Address 3430 Tudor

City State Zip Code
Nacogdoches TX 75965

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

Name of Employer Occupation
Retired Retired

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

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

Transaction ID: SA11AI.22123

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 1701 N Hampton

City DeSoto State TX Zip Code 75115

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

Name of Employer Today Companies Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 12 / 06 / 2007
Transaction ID: SA11AI.22114
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Richard H. Collins

Mailing Address 1701 N Hampton

City DeSoto State TX Zip Code 75115

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

Name of Employer Today Companies Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 12 / 06 / 2007
Transaction ID: SA11AI.22115
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Dr. James R. Cotton

Mailing Address 17715 CR 223

City Arp State TX Zip Code 75750

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

Name of Employer Today Companies Occupation Physician
Tyler Nephrology Assoc., P. A.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.21599
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Deborah Linn Creath

Mailing Address 3823 Brighton Creek Circle

City	State	Zip Code
Tyler	TX	75707-1676

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

Name of Employer
East Texas Anesthesiology
Asso

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.21639

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. J. Stewart Crutchfield

Mailing Address 2006 Canberra Ct.

City	State	Zip Code
Tyler	TX	75703-5802

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

Name of Employer
NeuroCare Network

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: SA11AI.21565

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
Dr. J. Stewart Crutchfield

Mailing Address 2006 Canberra Ct.

City	State	Zip Code
Tyler	TX	75703-5802

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

Name of Employer
NeuroCare Network

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.21724

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mary A. Daffin

Mailing Address 15000 Surveyor blvd
Suite 100

City State Zip Code
Addison TX 75001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barrett Burke Wilson Cast-
le

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
575.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 15 / 2007

Transaction ID: SA11AI.21690

Amount of Each Receipt this Period

575.00

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

B.

Full Name (Last, First, Middle Initial)

Dennis Darryl

Mailing Address P. O. Box 132450

City State Zip Code
Tyler TX 75713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genecov Group

Occupation
Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 31 / 2007

Transaction ID: SA11AI.21712

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Lucille Dewitt

Mailing Address 536 CR 524

City State Zip Code
Nacogdoches TX 75964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2007

Transaction ID: SA11AI.21983

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1325.00

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 1467 Old Creek Dr.

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Century 21 Real Estate General Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.21725

Amount of Each Receipt this Period
175.00

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

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

Mailing Address P. O. Box 631958

City State Zip Code
Nacogdoches TX 75963

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

Name of Employer Occupation
Self Life Insurance

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

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

Transaction ID: SA11AI.21984

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Jim Echols

Mailing Address 1704 Royal Oaks

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Sanders, schmidt & Echols, P. C. Attorney

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

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

Transaction ID: SA11AI.21601

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 19 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
J. Ralph Ellis, Jr.
 Mailing Address 545 E. John Carpenter Frwy
Suite 1530
 City Irving State TX Zip Code 75062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Investments
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jane S. Ellis
 Mailing Address 1403 Stendendale Dr.
 City Katy State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Colleagues of Texas Occupation Registered Nurse
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
 Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John M. Ellis
 Mailing Address 1403 Stendendale Dr.
 City Katy State TX Zip Code 77450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mustang Engineering, L.P. Occupation Engineer
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
 Amount of Each Receipt this Period 1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4600.00**
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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 1717 Main Street
LB 47

City State Zip Code
Dallas TX 75201

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

Name of Employer Estrada Hinojosa & Co., Inc. Occupation Businessman

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.21483

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 6020 Quail Creek

City State Zip Code
Tyler TX 75703

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

Name of Employer Self Occupation Oil & Gas

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.21708

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Samuel J. Forester

Mailing Address 1410 Sleepy Hollow

City State Zip Code
Longview TX 75604

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

Name of Employer Self Occupation Investments

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

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

Transaction ID: SA11AI.21605

Amount of Each Receipt this Period
100.00

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

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

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 21 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Robert F. Frappier		Date of Receipt MM / DD / YYYY 10 / 15 / 2007
Mailing Address 15000 Surveyor Blvd Suite 100		Transaction ID: SA11AI.21691
City Addison	State TX	Zip Code 75001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 575.00
Name of Employer Barrett Burk Wilson Castle	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 575.00	

B.

Full Name (Last, First, Middle Initial) L. A. Fugler, Jr.		Date of Receipt MM / DD / YYYY 10 / 26 / 2007
Mailing Address 509 E Austin		Transaction ID: SA11AI.21704
City Marshall	State TX	Zip Code 75670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Dorothy L Garner		Date of Receipt MM / DD / YYYY 11 / 14 / 2007
Mailing Address 1517 Merritt Dr		Transaction ID: SA11AI.21862
City Flower Mound	State TX	Zip Code 75028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Laura R. Geese

Mailing Address 16517 Big Oak Bay Rd.

City State Zip Code
Tyler TX 75707

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

Name of Employer Retired Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: SA11AI.21729
 Amount of Each Receipt this Period 150.00

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

B. Full Name (Last, First, Middle Initial)
Louis B. Gohmert, Sr.

Mailing Address P. O. Box 10

City State Zip Code
Mt. Pleasant TX 75456

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

Name of Employer Self Occupation Architect

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

Date of Receipt

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

Transaction ID: SA11AI.21557
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Marjorie J. Gohmert

Mailing Address 801 Fleming

City State Zip Code
Mt. Pleasant TX 75456

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

Name of Employer Housewife Occupation Housewife

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

Date of Receipt

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

Transaction ID: SA11AI.21540
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 2150.00

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Sharron Graves

Mailing Address 2229 Glarice

City State Zip Code
Nacogdoches TX 75964

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

Name of Employer Occupation
Steven F. Austin State Un- Professor
ivers

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.21956

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
M J Guinn

Mailing Address 7002 Fairmont Dr

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Cornerstone Brokerage Real Estate Broker

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.21573

Amount of Each Receipt this Period
25.00

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

C. Full Name (Last, First, Middle Initial)
Rick L. Hanning

Mailing Address 109 Amy Rd

City State Zip Code
Henderson TX 75652

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

Name of Employer Occupation
Info Requested Info Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.21486

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Julie A. Hardy

Mailing Address 19311 CR 1321

City Flint State TX Zip Code 75762

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

Name of Employer Rehab at Home Occupation Physical Therapist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: SA11AI.21864

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Al Harris, Jr.

Mailing Address P. O. Box 313

City Hawkins State TX Zip Code 75765

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

Name of Employer Self Occupation Rancher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2007
Transaction ID: SA11AI.21732

Amount of Each Receipt this Period 200.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Jim Harris

Mailing Address 6816 U S Hwy 59 S

City Marshall State TX Zip Code 75672

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 11 / 17 / 2007
Transaction ID: SA11AI.21950

Amount of Each Receipt this Period 500.00

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

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

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Catherine Harrison

Mailing Address 719 Timberwilde Dr.

City State Zip Code
Tyler TX 75703-1127

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

Name of Employer Occupation
Housewife Housewife

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.21698

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
George Hall Henderson, III

Mailing Address P. O. Box 3659

City State Zip Code
Lufkin TX 75903

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

Name of Employer Occupation
Angelina Hardwood President

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

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

Transaction ID: SA11AI.21940

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 9102 Stone Creek Dr.

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.21734

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **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: (check only one)	PAGE 26 / 136
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Julianne H. Holt		Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 2191 Blanco Rd.		Transaction ID: SA11AI.21816
	City Blanco	State TX	Zip Code 78606
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Self	Occupation Rancher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

B.	Full Name (Last, First, Middle Initial) Peter M. Holt		Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 2191 Little Blanco Rd.		Transaction ID: SA11AI.21815
	City Blanco	State TX	Zip Code 78606
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Owner	Occupation Holt Companies	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

C.	Full Name (Last, First, Middle Initial) Thomas Hunt		Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 3738 Harper Street		Transaction ID: SA11AI.21808
	City Houston	State TX	Zip Code 77005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Info Requested	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	4700.00
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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Robert L. Hutchison
 Mailing Address 7011 FM 2609
 City State Zip Code
Nacogdoches TX 75961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Rancher
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00
 Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.21957
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Irwin
 Mailing Address P. O. Box 6966
 City State Zip Code
Tyler TX 75711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Housewife Occupation Housewife
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.21963
 Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lynne Justice
 Mailing Address 3901 Glendale Dr
 City State Zip Code
Tyler TX 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
 Date of Receipt 10 / 24 / 2007
Transaction ID: SA11AI.21578
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2650.00
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 / 136

(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
							15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
L F Kay

Mailing Address 321 W 6th St

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation
Reynolds & Kay Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.21958

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. Keith Keeling

Mailing Address 511 N. St. Mary

City State Zip Code
Carthage TX 75633

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

Name of Employer Occupation
Self Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.21809

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
Susan Kennedy

Mailing Address 4821 Emerald Dr

City State Zip Code
Nacogdoches TX 75961

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

Name of Employer Occupation
Nacogdoches Medical Center Administration

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.21987

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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 29 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial) Paula Kimmey		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 268 North Bay Dr.		Transaction ID: SA11AI.21711
City Bullard	State TX	Zip Code 75757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Self	Occupation Computer Sales	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00	

B.

Full Name (Last, First, Middle Initial) Richard J. Kimmey		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 268 N. Bay Dr.		Transaction ID: SA11AI.21710
City Bullard	State TX	Zip Code 75757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Self	Occupation Computer Sales	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) Dr. Michael Klouda		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
Mailing Address 3721 Woods Blvd		Transaction ID: SA11AI.21741
City Tyler	State TX	Zip Code 75707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	4400.00
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 30 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 3721 Woods Blvd

City State Zip Code
Tyler TX 75707

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 ▼ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.22218

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Arno W. Krebs, Jr.

Mailing Address 3235 Walnut Creek Court

City State Zip Code
Bryan TX 77807

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

Name of Employer Fulbright & Jaworski LLP Occupation Attorney of Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.21713

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Michael W. Lackey

Mailing Address 3710 Mary Mont Dr.

City State Zip Code
San Antonio TX 78217

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

Name of Employer Lackey Brothers, L. P. Occupation President/Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.21989

Amount of Each Receipt this Period
250.00

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

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

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
David A. Lake

Mailing Address P. O. Box 6776

City State Zip Code
Tyler TX 75711

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

Name of Employer Self Occupation Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.21632

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Glenda Lilly

Mailing Address P. O. Box 631026

City State Zip Code
Nacogdoches TX 75963-1026

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

Name of Employer Steve Lilly Auction Service Occupation Owner

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

Date of Receipt

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

Transaction ID: SA11AI.22134

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Marilee A Madan

Mailing Address 15000 Surveyor Bldv Suite 100

City State Zip Code
Addison TX 75001

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

Name of Employer Barrett Burk Wilson Castle Occupation Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: SA11AI.21694

Amount of Each Receipt this Period
575.00

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

SUBTOTAL of Receipts This Page (optional) ► **1825.00**

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 32 / 136
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jack M Mann, Jr		Date of Receipt
	Mailing Address 601 E Melton		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
	City	State	Zip Code
	Longview	TX	75602
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21493
Name of Employer Made-Rite Co		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Ralph E. Martin		Date of Receipt
	Mailing Address 1617 Jeff Davis Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	City	State	Zip Code
	Tyler	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21743
Name of Employer Petrofac, Inc.		Occupation Chairman of the Board	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Drayton McLane, Jr.		Date of Receipt
	Mailing Address P. O. Box 549		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	Temple	TX	76503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21633
Name of Employer McLane Group		Occupation Chairman	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 3300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3550.00
TOTAL 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 33 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A. P. Merritt, Jr.

Mailing Address P. O. Box 1209

City State Zip Code
Kilgore TX 75663

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.21494

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Robert E Mills

Mailing Address 13524 Hunting Hill Way

City State Zip Code
North Potomac MD 20878

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

Name of Employer Occupation
The Advocacy Group Lobbyist

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

Date of Receipt

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

Transaction ID: SA11AI.21399

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

James D. Mize

Mailing Address 6174 FM 1878

City State Zip Code
Nacogdoches TX 75961

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

Name of Employer Occupation
First Bank & Trust of East Tex Lender

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.21990

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

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 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 2875 Grange Way

City Marshall State TX Zip Code 75672

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

Name of Employer Self Occupation Attorney

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

Amount of Each Receipt this Period 100.00

Transaction ID: SA11AI.21948

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

B. Full Name (Last, First, Middle Initial)
NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 1655 N. Fort Myer Dr. Suit 850

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

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

Amount of Each Receipt this Period 1500.00

Transaction ID: SA11AI.21564

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

C. Full Name (Last, First, Middle Initial)
Cecil Randell Neal, III

Mailing Address 8315 Columbia

City Tyler State TX Zip Code 75711

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

Name of Employer Verclaim Inc Occupation Vice President

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

Amount of Each Receipt this Period 1000.00

Transaction ID: SA11AI.21582

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. David F. Nichols

Mailing Address 4700 Kinsey Dr.

City State Zip Code
Tyler TX 75703

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

Name of Employer Self Occupation
Self Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.21617

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Z. Ornelas

Mailing Address 2512 Alta Mira Dr

City State Zip Code
Tyler TX 75701

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

Name of Employer Self Occupation
Self Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.21629

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Louise H. Ornelas

Mailing Address 2512 Alta Mira Dr.

City State Zip Code
Tyler TX 75701

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

Name of Employer Self Occupation
Self Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.21630

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
George A Otstott

Mailing Address 4849 Greenville Ave
Ste 1620

City State Zip Code
Dallas TX 75206

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

Name of Employer Info Requested Occupation Info Requested

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.21874

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Dr. David Palmer

Mailing Address 2204 Rains Rd.

City State Zip Code
Huntington TX 75949

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

Name of Employer Self Occupation Dentist

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

Date of Receipt

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

Transaction ID: SA11AI.21561

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Alfred R. Pate, Jr.

Mailing Address 314 Wilder Way

City State Zip Code
Tyler TX 75703

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

Name of Employer Self Occupation Chemical Engineer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Transaction ID: SA11AI.21749

Amount of Each Receipt this Period
500.00

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

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

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 37 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mike Perry

Mailing Address P O Box 630893

City State Zip Code
Nacogdoches TX 75963

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

Name of Employer Occupation
Mike Perry Chevrolet President

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

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

Transaction ID: SA11AI.22137

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jacob S Polatsek

Mailing Address 7601 Ludington Dr

City State Zip Code
Houston TX 77071

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

Name of Employer Occupation
Info Requested Info Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.21750

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Shelley Potter

Mailing Address 1305 Cornell

City State Zip Code
Longview TX 75601

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

Name of Employer Occupation
Self Architect

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.21474

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 38 / 136
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Priscilla Powell		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 111 Jackson Circle		Transaction ID: SA11AI.21549
	City Hemphill	State TX	Zip Code 75948
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Sabine Dental	Occupation Dental Assistant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Priscilla Powell		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 111 Jackson Circle		Transaction ID: SA11AI.21562
	City Hemphill	State TX	Zip Code 75948
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Sabine Dental	Occupation Dental Assistant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1050.00		

C.	Full Name (Last, First, Middle Initial) Larry D. Price		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 3301 Story Lake Ln.		Transaction ID: SA11AI.21707
	City Tyler	State TX	Zip Code 75707
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Investments	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 39 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Sally H. Reed

Mailing Address 1311 Balmoral Dr.

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Housewife

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.21753

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Felicity A. Reedy

Mailing Address 820 Blenheim

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
The Genecov Group Real Estate

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

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

Transaction ID: SA11AI.21800

Amount of Each Receipt this Period
200.00

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

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

Mailing Address P. O. Box 2347

City State Zip Code
Longview TX 75606-2347

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

Name of Employer Occupation
Self Oil & Gas Exploration

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.21965

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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 40 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dale Robinowitz

Mailing Address 1223 Inwood Rd.

City State Zip Code
Dallad TX 75244

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

Name of Employer Self Occupation
Self Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.21888

Amount of Each Receipt this Period
1800.00

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

B. Full Name (Last, First, Middle Initial)
Shirley Rowold

Mailing Address P. O. Box 513

City State Zip Code
Tyler TX 75710

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

Name of Employer Self Occupation
Self Landman

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

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

Transaction ID: SA11AI.21558

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John G. Ruckel

Mailing Address 3556 NE Stallings Dr Suite 102

City State Zip Code
Nacogdoches TX 75965

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

Name of Employer Self Occupation
Self Insurance

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

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

Transaction ID: SA11AI.21943

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 41 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Michael E. Russell, II

Mailing Address 831 Blenheim Pl.

City State Zip Code
Tyler TX 75703

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

Name of Employer: Azalea Orthopedic & Sports Medicine Cl
Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 10 / 24 / 2007
Transaction ID: SA11AI.21584
Amount of Each Receipt this Period: 2200.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Michael E. Russell, II

Mailing Address 831 Blenheim Pl.

City State Zip Code
Tyler TX 75703

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

Name of Employer: Azalea Orthopedic & Sports Medicine Cl
Occupation: Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 10 / 24 / 2007
Transaction ID: SA11AI.22217
Amount of Each Receipt this Period: 100.00

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

C. Full Name (Last, First, Middle Initial)
Brett A. Shogren

Mailing Address 4234 42nd Street, NW

City State Zip Code
Washington DC 20016

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

Name of Employer: The Washington Group
Occupation: Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: SA11AI.21847
Amount of Each Receipt this Period: 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Linda Holmes Sisk

Mailing Address P O Box 631264

City State Zip Code
Nacogdoches TX 75963

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) ▼

Date of Receipt
MM / DD / YYYY
12 / 17 / 2007

Transaction ID: SA11AI.22142

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Stephen C. Spain

Mailing Address 1702 Holly Creek Dr.

City State Zip Code
Tyler TX 75703

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

Name of Employer East Texas Medical Center Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 22 / 2007

Transaction ID: SA11AI.21550

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Deborah Spellings

Mailing Address 27 S Altwood Circle

City State Zip Code
The Woodlands TX 77382

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 17 / 2007

Transaction ID: SA11AI.21944

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 136
	<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brad Stebbins	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 600 E Whaley	Transaction ID: SA11AI.21447
	City State Zip Code Longview TX 75601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Stebbins Five Co, Ltd Owner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dick Stebbins	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 125 Hughes	Transaction ID: SA11AI.21448
	City State Zip Code Longview TX 75606	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sebbins Five Co., Ltd. Management	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lawrence E. Steinberg	Date of Receipt MM / DD / YYYY 10 / 13 / 2007
	Mailing Address 5430 LBJ Suite 1575	Transaction ID: SA11AI.21500
	City State Zip Code Dallas TX 75240	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Real Estate Investment	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 44 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
John D Stover

Mailing Address 3 Winged Foot Ct

City Lufkin State TX Zip Code 75901

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

Name of Employer Info Requested Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2007
Transaction ID: SA11AI.21812
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth W. Threlkeld

Mailing Address 803 Tallyho

City Tyler State TX Zip Code 75701

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

Name of Employer Threlkeld & Co. Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 24 / 2007
Transaction ID: SA11AI.21587
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Wm. Ken Tomlinson

Mailing Address 509 Magnolia Dr.

City Jefferson State TX Zip Code 75657

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

Name of Employer Continental Airlines Occupation Pilot

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 11 / 14 / 2007
Transaction ID: SA11AI.21872
 Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 45 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
William W. Trout

Mailing Address 1404 Brookhollow Dr.

City Lufkin State TX Zip Code 75904

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

Name of Employer Retired Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.21621
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
John Lee Ussery

Mailing Address 1211 Culver

City Gladewater State TX Zip Code 75647

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

Name of Employer Self Occupation C. P. A.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.21631
 Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Roger Van Horn

Mailing Address 928 University

City Nacogdoches State TX Zip Code 75961

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 17 / 2007
Transaction ID: SA11AI.22148
 Amount of Each Receipt this Period 250.00

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

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

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 46 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

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

Mailing Address 210 Timberland

City State Zip Code
Carthage TX 75633

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

Name of Employer Occupation
LA Pacific Corp Executive

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.21588

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 102 N. College Ave
Suite 200

City State Zip Code
Tyler TX 75702

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

Name of Employer Occupation
B W Energy Consultants, Inc. President

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

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

Transaction ID: SA11AI.21554

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Fred A. Wernette

Mailing Address 408 Dartmouth

City State Zip Code
Tyler TX 75703

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

Name of Employer Occupation
Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.21700

Amount of Each Receipt this Period
100.00

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

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

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 47 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
T. L. Whaley

Mailing Address P. O. Drawer P

City State Zip Code
Marshall TX 75671

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

Name of Employer Logan & Whaley, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: SA11AI.21559

Amount of Each Receipt this Period
300.00

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

B.

Full Name (Last, First, Middle Initial)
T. L. Whaley

Mailing Address P. O. Drawer P

City State Zip Code
Marshall TX 75671

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

Name of Employer Logan & Whaley, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11AI.22216

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Pamela J. Wilhite

Mailing Address 4236 State Highway 322 N

City State Zip Code
Henderson TX 75652

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

Name of Employer K/P Cattle & Consulting Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.21702

Amount of Each Receipt this Period
500.00

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

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

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 48 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Steven L. Wilmeth
Mailing Address 205 Henters Creek Dr.
City State Zip Code
Longview TX 75605
FEC ID number of contributing federal political committee. **C**
Name of Employer Scott Industries Occupation Management
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2008.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2007
Transaction ID: SA11AI.21490
Amount of Each Receipt this Period
2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Royce E. Wisenbaker, Jr.
Mailing Address 218 N. Broadway
City State Zip Code
Tyler TX 75702-5710
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern Utilities Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2007
Transaction ID: SA11AI.21765
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
M. S. Wright, III
Mailing Address 4207 Colonial Dr.
City State Zip Code
Nacogdoches TX 75961
FEC ID number of contributing federal political committee. **C**
Name of Employer Texas Farm Products Co. Occupation Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2007
Transaction ID: SA11AI.21876
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 49 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gladys Wylie

Mailing Address 109 W Ragley St

City State Zip Code
Henderson TX 75654

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) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.21586

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Jerry P. Yandell

Mailing Address 1441 Tall Timbers Dr.

City State Zip Code
Tyler TX 75703

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) ▼

1500.00

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

Transaction ID: SA11AI.21624

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	80250.00

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

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

FOR LINE NUMBER: PAGE 50 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE) NATIONAL RURAL ELECTRIC COOP. ASSOC.
 Mailing Address 4301 Wilson Boulevard
 City Arlington State VA Zip Code 22203
 FEC ID number of contributing federal political committee. **C** C00002972
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
 Date of Receipt: 11 / 30 / 2007
Transaction ID: SA11C.21974
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE
 Mailing Address 101 Constitution Ave NW Suite 400W
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00089136
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
 Date of Receipt: 12 / 14 / 2007
Transaction ID: SA11C.22121
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES POLITICAL ACTION COMMITTEE
 Mailing Address 1101 17 Street N.W. Suite 600
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00107300
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
 Date of Receipt: 10 / 02 / 2007
Transaction ID: SA11C.21401
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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 51 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

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

Transaction ID: SA11C.21402

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11C.21884

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
BROOKSHIRE BROTHERS PAC

Mailing Address P O BOX 1688

City State Zip Code
LUFKIN TX 75901

FEC ID number of contributing federal political committee. **C** C00000000

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
1 0 / 2 5 / 2 0 0 7

Transaction ID: SA11C.21626

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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 52 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 Capital One Drive
Attn: 19050-1201

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00326595

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
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11C.21882

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION

Mailing Address 6001 Bollinger Canyon Road
Building A2114

City State Zip Code
San Ramon CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

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
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11C.21886

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 200 E. Basse Road

City State Zip Code
San Antonio TX 78209

FEC ID number of contributing federal political committee. **C** C00279216

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
1 0 / 0 2 / 2 0 0 7

Transaction ID: SA11C.21404

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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 53 / 136

(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CONTRAN CORPORATION POLITICAL ACTION COMMITTEE (CONPAC)

Mailing Address 5430 LBJ FREEWAY SUITE 1700

City State Zip Code
DALLAS TX 75240

FEC ID number of contributing federal political committee. **C** C00148783

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2007

Transaction ID: SA11C.21952

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
DALLAS ENTREPRENEURIAL POLITICAL ACTION COMMITTEE (DALENPAC)

Mailing Address 1701 N HAMPTON

City State Zip Code
DESOTA TX 75115

FEC ID number of contributing federal political committee. **C** C00283523

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
12 / 06 / 2007

Transaction ID: SA11C.22117

Amount of Each Receipt this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)

Mailing Address 412 First Street SE Suite 300

City State Zip Code
Washington DC 20003

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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2007

Transaction ID: SA11C.22119

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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 54 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC
 Mailing Address 1325 Massachusetts Ave. NW
 City Washington State DC Zip Code 20005
 Date of Receipt MM / DD / YYYY 11 / 13 / 2007
 Transaction ID: SA11C.21849
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00238725
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 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 HEALTH UNDERWRITERS PAC (HUPAC)
 Mailing Address 2000 14TH STREET, SUITE 450
 City ARLINGTON State VA Zip Code 22201
 Date of Receipt MM / DD / YYYY 10 / 02 / 2007
 Transaction ID: SA11C.21405
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00283135
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE
 Mailing Address 2901 Telestar Court
 City Falls Church State VA Zip Code 22042
 Date of Receipt MM / DD / YYYY 12 / 17 / 2007
 Transaction ID: SA11C.22152
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00005249
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 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 55 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11C.21688

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL STONE SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

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
1	2	/	1	0	/	2	0	0	7

Transaction ID: SA11C.21981

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11C.21979

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 56 / 136
(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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
POWER & ENERGY POLITICAL ACTION COMMITTEE OF TXU CORP.

Mailing Address 1717 Main Street
BOC 16-027

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00255950

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
10 / 02 / 2007

Transaction ID: SA11C.21406

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
TEXAS FORESTRY ASSOCIATION FORESTRY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1488
1903 ATKINSON DRIVE

City LUFKIN State TX Zip Code 75902

FEC ID number of contributing federal political committee. **C** C00297911

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 17 / 2007

Transaction ID: SA11C.22150

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
TEXAS SPINE ANDJOINT HOSPITAL PAC

Mailing Address 1814 ROSELAND BOULEVARD

City TYLER State TX Zip Code 75701

FEC ID number of contributing federal political committee. **C** C00437525

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2007

Transaction ID: SA11C.21764

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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 57 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
TXU CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1601 Bryan St.
Energy Plaza 32-052

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00226548

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2007
Transaction ID: SA11C.21968
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
TXU CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1601 Bryan St.
Energy Plaza 32-052

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00226548

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 28 / 2007
Transaction ID: SA11C.21970
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 28500.00

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

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

FOR LINE NUMBER: PAGE 58 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
City of Tyler

Mailing Address P. O. Box 336

City State Zip Code
Tyler TX 75710

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 265.00

Date of Receipt

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

Transaction ID: SA14.22153

Amount of Each Receipt this Period

265.00

Rental Refund

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

B.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address 1500 Pennsylvania Ave., NW

City State Zip Code
Washington DC 20220

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 918.56

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 7

Transaction ID: SA14.22215

Amount of Each Receipt this Period

918.56

Payroll Taxes

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

SUBTOTAL of Receipts This Page (optional)

1183.56

TOTAL This Period (last page this line number only)

1183.56

SCHEDULE 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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Alltel Mailing Address 1016 W. SW. Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21466 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 157.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Alltel Mailing Address 1016 W. SW. Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22013 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 184.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Alltel Mailing Address 1016 W. SW. Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22101 Date of Disbursement 12 / 10 / 2007 Amount of Each Disbursement this Period 151.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

493.68

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

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

Transaction ID: SB17.21449
Date of Disbursement

Mailing Address P. O. Box 619616

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

City DFW Airport State TX Zip Code 75261

Amount of Each Disbursement this Period

355.60

Purpose of Disbursement
Airline Tickets
Candidate Name

002

Category/
Type

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)
American Airlines

Transaction ID: SB17.21890
Date of Disbursement

Mailing Address P. O. Box 619616

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	7	

City DFW Airport State TX Zip Code 75261

Amount of Each Disbursement this Period

962.60

Purpose of Disbursement
Airline Ticket
Candidate Name

002

Category/
Type

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:

C.

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

Transaction ID: SB17.22019
Date of Disbursement

Mailing Address P. O. Box 619616

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

City DFW Airport State TX Zip Code 75261

Amount of Each Disbursement this Period

606.20

Purpose of Disbursement
Airline Tickets
Candidate Name

002

Category/
Type

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:

SUBTOTAL of Disbursements This Page (optional)

1924.40

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address P. O. Box 619616 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Airline Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22021 Date of Disbursement 11 / 17 / 2007 Amount of Each Disbursement this Period 359.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address P. O. Box 619616 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Airline Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22062 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 564.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Airlines Mailing Address P. O. Box 619616 City DFW Airport State TX Zip Code 75261 Purpose of Disbursement Airline Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22064 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1024.40

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P. O. Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Airline Ticket</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22100</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P. O. Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Airline Tickets</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22104</p> <p>Date of Disbursement 12 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 826.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P. O. Box 619616</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Airline Tickets</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22163</p> <p>Date of Disbursement 12 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1189.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	2116.50
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) John Artmire Mailing Address 15264 Hwy 155 S City Tyler State TX Zip Code 75703 Purpose of Disbursement Graphics Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22057 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 2424.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) A T & T Mailing Address P O Box 630047 City Dallas State TX Zip Code 75263 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21433 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 111.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) A T & T Mailing Address P O Box 630047 City Dallas State TX Zip Code 75263 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21664 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 558.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3094.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) A T & T Mailing Address P O Box 630047 City Dallas State TX Zip Code 75263 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22051 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 173.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) A T & T Mailing Address P O Box 630047 City Dallas State TX Zip Code 75263 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22167 Date of Disbursement 12 / 18 / 2007 Amount of Each Disbursement this Period 171.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) A T & T Mobility Mailing Address P O Box 650553 City Dallas State TX Zip Code 75265 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21512 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 279.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	625.31
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.21513

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

431.08

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

B.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.21665

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

93.07

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

C.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22012

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

281.08

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

SUBTOTAL of Disbursements This Page (optional)

805.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22015</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 434.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22052</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 93.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A T & T Mobility</p> <p>Mailing Address P O Box 650553</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22169</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 279.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	806.52
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)

A T & T Mobility

Mailing Address P O Box 650553

City Dallas State TX Zip Code 75265

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22170

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

434.38

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

B.

Full Name (Last, First, Middle Initial)

Atwoods of Tyler

Mailing Address 303 Loop 323 N NW

City Tyler State TX Zip Code 75702

Purpose of Disbursement

Decorations

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22190

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

83.26

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

C.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address 5514 S. Broadway

City Tyler State TX Zip Code 75703

Purpose of Disbursement

Printer

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22020

Date of Disbursement

11 / 17 / 2007

Amount of Each Disbursement this Period

398.77

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

SUBTOTAL of Disbursements This Page (optional) ▶

916.41

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5514 S. Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Office Refrigerator</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB17.22077</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="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="234.87"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5514 S. Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB17.22198</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="194.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brookshire Grocery Co.</p> <p>Mailing Address 1600 W. SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB17.21452</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="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.05"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

474.18

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21456 Date of Disbursement 10 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 90.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21464 Date of Disbursement 10 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21505 Date of Disbursement 10 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 89.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

379.66

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Office Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21515 Date of Disbursement 10 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 198.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Office Snacks Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21652 Date of Disbursement 10 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 54.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21820 Date of Disbursement 10 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 63.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	316.74
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brookshire Grocery Co.</p> <p>Mailing Address 1600 W. SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Supplies</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21842</p> <p>Date of Disbursement 11 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 66.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brookshire Grocery Co.</p> <p>Mailing Address 1600 W. SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Supplies</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21897</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 38.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brookshire Grocery Co.</p> <p>Mailing Address 1600 W. SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Supplies</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21905</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 69.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	174.69
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21830 Date of Disbursement 11 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 11.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Snacks Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22002 Date of Disbursement 11 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 138.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22034 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 81.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	231.58
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22110 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 89.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookshire Grocery Co. <hr/> Mailing Address 1600 W. SW Loop 323 <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22178 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 55.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Butler Alignment & Brake <hr/> Mailing Address Front St <hr/> City Tyler State TX Zip Code 75701 <hr/> Purpose of Disbursement Auto Repair Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21418 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 92.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	237.55
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Capital Noveltees, Inc. <hr/> Mailing Address 1901 Fairview Ave, NE <hr/> City Washington State TX Zip Code 20002 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21669 Date of Disbursement 10 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 309.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Capital Strategies D. C. <hr/> Mailing Address P O Box 1605 <hr/> City Alexandria State VA Zip Code 22313 Purpose of Disbursement Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21420 Date of Disbursement 10 / 04 / 2007 <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
C.	Full Name (Last, First, Middle Initial) Capital Strategies D. C. <hr/> Mailing Address P O Box 1605 <hr/> City Alexandria State VA Zip Code 22313 Purpose of Disbursement Bar B Que Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21422 Date of Disbursement 10 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 313.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2623.19

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Capital Strategies D. C.</p> <p>Mailing Address P O Box 1605</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Fund Raising Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.22099</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2126.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 209 Pennsylvania Avenue Southeast</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21467</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1098.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 209 Pennsylvania Avenue Southeast</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21923</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="698.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3923.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 209 Pennsylvania Avenue Southeast <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22172 Date of Disbursement 12 / 18 / 2007 <hr/> Amount of Each Disbursement this Period 224.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Chevron 0201968 Tyler <hr/> Mailing Address Broadway & Rice <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21503 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 19.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Chevron 0201968 Tyler <hr/> Mailing Address Broadway & Rice <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Gasoline Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21931 Date of Disbursement 11 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 71.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	315.05
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Chevron 0201968 Tyler	Transaction ID: SB17.22081
	Mailing Address Broadway & Rice	Date of Disbursement 12 / 01 / 2007
	City Tyler	State TX
	Zip Code 75703	Amount of Each Disbursement this Period 26.22
Purpose of Disbursement Gasoline	Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
B.	Full Name (Last, First, Middle Initial) Cleaning Company, The	Transaction ID: SB17.21672
	Mailing Address 4200 Old Bullard Rd	Date of Disbursement 10 / 25 / 2007
	City Tyler	State TX
	Zip Code 75701	Amount of Each Disbursement this Period 316.84
Purpose of Disbursement Laundry Table Cloths	Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
C.	Full Name (Last, First, Middle Initial) Congressional Club	Transaction ID: SB17.21468
	Mailing Address 2001 New Hampshire Ave, N. W.	Date of Disbursement 10 / 10 / 2007
	City Washington	State DC
	Zip Code 20009	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Dues	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	643.06
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002 <hr/> Purpose of Disbursement Airline Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22076 Date of Disbursement 12 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 260.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) DFW International Airport <hr/> Mailing Address P. O. Box 619428 <hr/> City DFW Airport State TX Zip Code 75261-9428 <hr/> Purpose of Disbursement Parking Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21662 Date of Disbursement 10 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 2.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) DFW International Airport <hr/> Mailing Address P. O. Box 619428 <hr/> City DFW Airport State TX Zip Code 75261-9428 <hr/> Purpose of Disbursement Parking Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21678 Date of Disbursement 10 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 1.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

263.30

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) DFW International Airport Mailing Address P. O. Box 619428 City DFW Airport State TX Zip Code 75261-9428 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22083 Date of Disbursement 12 / 01 / 2007 Amount of Each Disbursement this Period 102.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Direct Satellite TV Mailing Address P O Box 6550 City Greenwood Village State CO Zip Code 80155 Purpose of Disbursement Utility Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21451 Date of Disbursement 10 / 03 / 2007 Amount of Each Disbursement this Period 170.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Direct Satellite TV Mailing Address P O Box 6550 City Greenwood Village State CO Zip Code 80155 Purpose of Disbursement Satellite Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22022 Date of Disbursement 11 / 17 / 2007 Amount of Each Disbursement this Period 346.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

619.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Doubletree Inn <hr/> Mailing Address 11 S Ludlow <hr/> City Dayton State OH Zip Code 45402 <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21650 Date of Disbursement 10 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 202.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Drive Insurance <hr/> Mailing Address P O Box 650201 <hr/> City Dallas State TX Zip Code 75265 <hr/> Purpose of Disbursement Auto Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21415 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 1246.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) East Texas Copy Systems <hr/> Mailing Address 4545 Old Jacksonville Hwy <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Copier Lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21666 Date of Disbursement 10 / 23 / 2007 <hr/> Amount of Each Disbursement this Period 24.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1473.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) East Texas Copy Systems Mailing Address 4545 Old Jacksonville Hwy City Tyler State TX Zip Code 75703 Purpose of Disbursement Copier Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21798 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 71.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) East Texas Copy Systems Mailing Address 4545 Old Jacksonville Hwy City Tyler State TX Zip Code 75703 Purpose of Disbursement Copier Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22102 Date of Disbursement 12 / 10 / 2007 Amount of Each Disbursement this Period 71.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) East Texas Copy Systems Mailing Address 4545 Old Jacksonville Hwy City Tyler State TX Zip Code 75703 Purpose of Disbursement Copier Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22173 Date of Disbursement 12 / 18 / 2007 Amount of Each Disbursement this Period 24.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

166.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Eddie Deen & Co	Transaction ID: SB17.21411 Date of Disbursement 10 / 01 / 2007
	Mailing Address 1102 South Virginia Street	Amount of Each Disbursement this Period 2225.00
	City Terrell State TX Zip Code 75160	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bar B Que Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) Eddie Deen & Co	Transaction ID: SB17.21824 Date of Disbursement 11 / 04 / 2007
	Mailing Address 1102 South Virginia Street	Amount of Each Disbursement this Period 855.00
	City Terrell State TX Zip Code 75160	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bar B Q Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) El Charro	Transaction ID: SB17.22047 Date of Disbursement 11 / 25 / 2007
	Mailing Address 2623 E. Fifth St.	Amount of Each Disbursement this Period 27.83
	City Tyler State TX Zip Code 75701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3107.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) El Charro Mailing Address 2623 E. Fifth St. City Tyler State TX Zip Code 75701 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22060 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 31.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Exxon/Mobil Longview Mailing Address 4665 E. Hwy 80 City Longview State TX Zip Code 75605 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21780 Date of Disbursement 10 / 28 / 2007 Amount of Each Disbursement this Period 26.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Exxon/Mobil Longview Mailing Address 4665 E. Hwy 80 City Longview State TX Zip Code 75605 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21828 Date of Disbursement 11 / 08 / 2007 Amount of Each Disbursement this Period 34.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

92.00

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Exxon/Mobil Marshall

Transaction ID: SB17.22179
Date of Disbursement

Mailing Address 1107 Carters Ferry Road

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	7	7

City State Zip Code
Marshall TX 75670

Amount of Each Disbursement this Period

34.01

Purpose of Disbursement
Gasoline

002

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: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Exxon/Mobil Tyler

Transaction ID: SB17.21459
Date of Disbursement

Mailing Address 2204 E SE Loop 323

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

City State Zip Code
Tyler TX 75701

Amount of Each Disbursement this Period

66.86

Purpose of Disbursement
Gasoline

002

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: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Exxon/Mobil Tyler

Transaction ID: SB17.21461
Date of Disbursement

Mailing Address 2204 E SE Loop 323

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

City State Zip Code
Tyler TX 75701

Amount of Each Disbursement this Period

19.75

Purpose of Disbursement
Gasoline

002

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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

120.62

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler Mailing Address 2204 E SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21655 Date of Disbursement: 10 / 20 / 2007 Amount of Each Disbursement this Period 15.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler Mailing Address 2204 E SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21670 Date of Disbursement: 10 / 21 / 2007 Amount of Each Disbursement this Period 42.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler Mailing Address 2204 E SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21786 Date of Disbursement: 10 / 29 / 2007 Amount of Each Disbursement this Period 52.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	109.77
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler</p> <p>Mailing Address 2204 E SE Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22026</p> <p>Date of Disbursement 11 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 46.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Exxon/Mobil Tyler</p> <p>Mailing Address 2204 E SE Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22188</p> <p>Date of Disbursement 12 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 36.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jonna Fitzgerald</p> <p>Mailing Address 5401 Hollytree Dr.</p> <p>City Tyler State TX Zip Code 75703</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22166</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 273.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	357.06
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Flowers by Ela Mailing Address 1512 E. SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Courtesies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21681 Date of Disbursement 10 / 25 / 2007 Amount of Each Disbursement this Period 351.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Flowers by Ela Mailing Address 1512 E. SE Loop 323 City Tyler State TX Zip Code 75701 Purpose of Disbursement Bar B Q Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22103 Date of Disbursement 12 / 10 / 2007 Amount of Each Disbursement this Period 794.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Kathryn A. Gohmert Mailing Address 3921 Chester Dr. City Tyler State TX Zip Code 75701 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21408 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 2872.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4018.41

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Kathryn A. Gohmert

Transaction ID: SB17.21793
Date of Disbursement

Mailing Address 3921 Chester Dr.

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

City Tyler State TX Zip Code 75701

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001

Category/
Type

2872.25

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)
Kathryn A. Gohmert

Transaction ID: SB17.22059
Date of Disbursement

Mailing Address 3921 Chester Dr.

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

City Tyler State TX Zip Code 75701

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001

Category/
Type

2872.25

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:

C.

Full Name (Last, First, Middle Initial)
Kathryn A. Gohmert

Transaction ID: SB17.22207
Date of Disbursement

Mailing Address 3921 Chester Dr.

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

City Tyler State TX Zip Code 75701

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001

Category/
Type

2872.25

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:

SUBTOTAL of Disbursements This Page (optional) ▶

8616.75

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Hobby Lobby Mailing Address 1909 Loop 323 E SE City Tyler State TX Zip Code 75701 Purpose of Disbursement Decorations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22189 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 97.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hobby Lobby Mailing Address 1909 Loop 323 E SE City Tyler State TX Zip Code 75701 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22199 Date of Disbursement 12 / 22 / 2007 Amount of Each Disbursement this Period 169.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 1155 14th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22085 Date of Disbursement 12 / 02 / 2007 Amount of Each Disbursement this Period 668.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

935.23

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address 1155 14th Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22098 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 26.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address 1155 14th Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22158 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 202.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address 1155 14th Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22162 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1378.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1606.15

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address 1155 14th Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22180 Date of Disbursement 12 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 17.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Hoss Huggins <hr/> Mailing Address 4626 Stratford <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Entertainment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21412 Date of Disbursement 10 / 01 / 2007 <hr/> 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
C.	Full Name (Last, First, Middle Initial) Idea Post Production <hr/> Mailing Address 1404 Woodbridge Dr <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Bar B Que Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21510 Date of Disbursement 10 / 15 / 2007 <hr/> 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

SUBTOTAL of Disbursements This Page (optional) ▶

1617.50

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Idea Post Production</p> <p>Mailing Address 1404 Woodbridge Dr</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Production</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21774</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address 1500 Pennsylvania Ave., NW</p> <p>City Washington State DC Zip Code 20220</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21409</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 895.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address 1500 Pennsylvania Ave., NW</p> <p>City Washington State DC Zip Code 20220</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.22065</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1791.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4186.50

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address 1500 Pennsylvania Ave., NW

City Washington State DC Zip Code 20220

Purpose of Disbursement
Payroll Taxes
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.22208
Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

895.50

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

B.

Full Name (Last, First, Middle Initial)
Jason's Deli

Mailing Address 4913 S Broadway Ave

City Tyler State TX Zip Code 75703

Purpose of Disbursement
Meals
Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.21922
Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

18.25

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

C.

Full Name (Last, First, Middle Initial)
Kid-Jones

Mailing Address 206 Hwy 31 E.

City Chandler State TX Zip Code 75758

Purpose of Disbursement
Gasoline
Candidate Name

002
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.21676
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

75.00

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

SUBTOTAL of Disbursements This Page (optional)

988.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Kid-Jones</p> <p>Mailing Address 206 Hwy 31 E.</p> <p>City Chandler State TX Zip Code 75758</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22046</p> <p>Date of Disbursement 11 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 31.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Retainer</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21425</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Design & Printing</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21426</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1836.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5367.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21427</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 958.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Courier</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21428</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 63.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Airline 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21429</p> <p>Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 242.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1264.95

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21430 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 315.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Lodging Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21431 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 750.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Milage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21432 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 248.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1314.35

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21834 Date of Disbursement 10 / 06 / 2007 Amount of Each Disbursement this Period 13.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Retainer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21831 Date of Disbursement 11 / 06 / 2007 Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Printing & Graphics Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21832 Date of Disbursement 11 / 06 / 2007 Amount of Each Disbursement this Period 4428.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	7942.52
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lilly & Company	Transaction ID: SB17.21833 Date of Disbursement 11 / 06 / 2007
	Mailing Address 1001 Congress Avenue, Ste 340	Amount of Each Disbursement this Period 1042.55
	City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) Lilly & Company	Transaction ID: SB17.21835 Date of Disbursement 11 / 06 / 2007
	Mailing Address 1001 Congress Avenue, Ste 340	Amount of Each Disbursement this Period 244.30
	City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airline Tickets Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) Lilly & Company	Transaction ID: SB17.21836 Date of Disbursement 11 / 06 / 2007
	Mailing Address 1001 Congress Avenue, Ste 340	Amount of Each Disbursement this Period 15.30
	City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	1302.15
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Faxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21837 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	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.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Milage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21838 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	Amount of Each Disbursement this Period 463.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Taxi Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21839 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	Amount of Each Disbursement this Period 112.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	597.79
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Parking Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21840 Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 18.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Retainer Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22090 Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lilly & Company</p> <p>Mailing Address 1001 Congress Avenue, Ste 340</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Design & Printing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22091 Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1374.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4892.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22093 Date of Disbursement 12 / 05 / 2007 Amount of Each Disbursement this Period 120.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Courier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22094 Date of Disbursement 12 / 05 / 2007 Amount of Each Disbursement this Period 110.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22095 Date of Disbursement 12 / 05 / 2007 Amount of Each Disbursement this Period 134.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	366.12
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Faxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22096 Date of Disbursement 12 / 05 / 2007 Amount of Each Disbursement this Period 3.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lilly & Company Mailing Address 1001 Congress Avenue, Ste 340 City Austin State TX Zip Code 78701 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22155 Date of Disbursement 12 / 13 / 2007 Amount of Each Disbursement this Period 1269.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Wm. L. (Bill) Long Mailing Address 8236 Columbia Dr. City Tyler State TX Zip Code 75703 Purpose of Disbursement Contract Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21434 Date of Disbursement 10 / 01 / 2007 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

SUBTOTAL of Disbursements This Page (optional) ▶	1773.14
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Mr. Wm. L. (Bill) Long Mailing Address 8236 Columbia Dr. City Tyler State TX Zip Code 75703 Purpose of Disbursement Contract Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21796 Date of Disbursement 11 / 01 / 2007 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.	Full Name (Last, First, Middle Initial) Mr. Wm. L. (Bill) Long Mailing Address 8236 Columbia Dr. City Tyler State TX Zip Code 75703 Purpose of Disbursement Contract Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22072 Date of Disbursement 12 / 03 / 2007 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) Lowe's Mailing Address 5720 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21766 Date of Disbursement 10 / 27 / 2007 Amount of Each Disbursement this Period 94.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1094.82

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Lowe's Mailing Address 5720 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21819 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 75.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mario's Italian Restaurant & Club Mailing Address 7916 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21677 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 49.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) N M A C Mailing Address P O Box 650679 City Dallas State TX Zip Code 75265 Purpose of Disbursement Auto Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21424 Date of Disbursement 10 / 04 / 2007 Amount of Each Disbursement this Period 487.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

612.79

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
N M A C

Mailing Address P O Box 650679

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Auto Lease

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.21792
Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

487.10

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

B.

Full Name (Last, First, Middle Initial)
N M A C

Mailing Address P O Box 650679

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Auto Lease

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22074
Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

487.10

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

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 4329 Old Bullard Rd

City Tyler State TX Zip Code 75703

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22000
Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

134.38

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

SUBTOTAL of Disbursements This Page (optional)

1108.58

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

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

Mailing Address 900 Congress Avenue Suite 300

City Austin State TX Zip Code 78701

Purpose of Disbursement
Filing Fee

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22214
Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

3125.00

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

B.

Full Name (Last, First, Middle Initial)
Dale Robinowitz

Mailing Address 1223 Inwood Rd.

City Dallad State TX Zip Code 75244

Purpose of Disbursement
Fund Raiser

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.21889
Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1800.00

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

C.

Full Name (Last, First, Middle Initial)
Safeway

Mailing Address 499 K St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bar B Q

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.22024
Date of Disbursement

11 / 17 / 2007

Amount of Each Disbursement this Period

215.05

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

SUBTOTAL of Disbursements This Page (optional)

5140.05

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 2025 Loop 323 S SW</p> <p>City Tyler State TX Zip Code 75702</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.22078</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="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="228.85"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Shaw Warden, Robert</p> <p>Mailing Address P O Box 9000</p> <p>City Henderson State TX Zip Code 75653</p> <p>Purpose of Disbursement Gifts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.22070</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="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="999.11"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Shell Oil Dallas</p> <p>Mailing Address 424 S R L Thornton Fwy</p> <p>City Dallas State TX Zip Code 75203</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21933</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1243.46"/></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 108 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Shoppers Food Pharmacy Mailing Address 3801 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Bar B Q Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21899 Date of Disbursement 11 / 06 / 2007 Amount of Each Disbursement this Period 108.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Shoppers Food Pharmacy Mailing Address 3801 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Bar B Q Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22001 Date of Disbursement 11 / 14 / 2007 Amount of Each Disbursement this Period 340.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Phillip Smith Mailing Address 14806 FM 314 N City Brownsboro State TX Zip Code 75756 Purpose of Disbursement Labor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21772 Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

548.31

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Smith County Tax Assessor <hr/> Mailing Address P O Box 2011 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Auto Registration Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22195 Date of Disbursement 12 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 177.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21417 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 77.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Petty Cash Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21465 Date of Disbursement 10 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

354.95

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21508 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21641 Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Labor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21685 Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21771 Date of Disbursement 10 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21782 Date of Disbursement 10 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21817 Date of Disbursement 10 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 85.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

295.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22075 Date of Disbursement 12 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 151.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22084 Date of Disbursement 12 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 11.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank <hr/> Mailing Address P. O. Box 1079 <hr/> City Tyler State TX Zip Code 75710 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22066 Date of Disbursement 12 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

172.70

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22160 Date of Disbursement 12 / 11 / 2007 Amount of Each Disbursement this Period 1.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22201 Date of Disbursement 12 / 22 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Southside Bank Mailing Address P. O. Box 1079 City Tyler State TX Zip Code 75710 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22209 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

111.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21648 Date of Disbursement 10 / 17 / 2007 Amount of Each Disbursement this Period 2.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21684 Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 15.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21898 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 7.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

25.26

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address 4925 S Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Coffee</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22006</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 23.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address 4925 S Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Coffee</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22033</p> <p>Date of Disbursement 11 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 4.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Starbucks</p> <p>Mailing Address 4925 S Broadway</p> <p>City Tyler State TX Zip Code 75703</p> <p>Purpose of Disbursement Coffee</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22039</p> <p>Date of Disbursement 11 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 14.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

42.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22043 Date of Disbursement 11 / 24 / 2007 Amount of Each Disbursement this Period 14.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22048 Date of Disbursement 11 / 25 / 2007 Amount of Each Disbursement this Period 4.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22063 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 15.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	33.73
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22082 Date of Disbursement 12 / 01 / 2007 Amount of Each Disbursement this Period 12.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22097 Date of Disbursement 12 / 03 / 2007 Amount of Each Disbursement this Period 4.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22165 Date of Disbursement 12 / 12 / 2007 Amount of Each Disbursement this Period 8.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

25.67

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Starbucks Mailing Address 4925 S Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Coffee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22210 Date of Disbursement 12 / 29 / 2007 Amount of Each Disbursement this Period 12.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Suddenlink Mailing Address P O Box 139004 City Tyler State TX Zip Code 75713-9004 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21416 Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 131.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Suddenlink Mailing Address P O Box 139004 City Tyler State TX Zip Code 75713-9004 Purpose of Disbursement Utility Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21668 Date of Disbursement 10 / 23 / 2007 Amount of Each Disbursement this Period 51.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

195.73

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Suddenlink Mailing Address P O Box 139004 City Tyler State TX Zip Code 75713-9004 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21682 Date of Disbursement 10 / 25 / 2007
	Amount of Each Disbursement this Period 109.79
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
B. Full Name (Last, First, Middle Initial) Suddenlink Mailing Address P O Box 139004 City Tyler State TX Zip Code 75713-9004 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22014 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 51.70
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
C. Full Name (Last, First, Middle Initial) Suddenlink Mailing Address P O Box 139004 City Tyler State TX Zip Code 75713-9004 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22054 Date of Disbursement 11 / 29 / 2007
	Amount of Each Disbursement this Period 51.70
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

213.19

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Suddenlink	Transaction ID: SB17.22176 Date of Disbursement 12 / 18 / 2007
	Mailing Address P O Box 139004	Amount of Each Disbursement this Period 57.40
	City Tyler State TX Zip Code 75713-9004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Super Lube	Transaction ID: SB17.21893 Date of Disbursement 11 / 05 / 2007
	Mailing Address 2417 S Broadway	Amount of Each Disbursement this Period 65.00
	City Tyler State TX Zip Code 75701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Oil Change Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Super Lube	Transaction ID: SB17.22003 Date of Disbursement 11 / 14 / 2007
	Mailing Address 2417 S Broadway	Amount of Each Disbursement this Period 71.94
	City Tyler State TX Zip Code 75701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Oil Change Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	194.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Justin Tanner Mailing Address 1 Academy Blvd City Big Sandy State TX Zip Code 75755 Purpose of Disbursement Bar B Q Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21841 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	Amount of Each Disbursement this Period 68.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Target Mailing Address 7003 S. Broadway City Tyler State TX Zip Code 75703 Purpose of Disbursement Suppleis Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21514 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 7	Amount of Each Disbursement this Period 167.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Texas Legato Mailing Address 2935 Hwy 1478 City Lampasas State TX Zip Code 76550 Purpose of Disbursement Gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21825 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	Amount of Each Disbursement this Period 223.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	459.86
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Travelmasters</p> <p>Mailing Address 915 W SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21455 Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 35.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Travelmasters</p> <p>Mailing Address 915 W SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21896 Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Travelmasters</p> <p>Mailing Address 915 W SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22025 Date of Disbursement 11 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

135.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Travelmasters Mailing Address 915 W SW Loop 323 City Tyler State TX Zip Code 75701 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22028 Date of Disbursement 11 / 17 / 2007 Amount of Each Disbursement this Period 35.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Travelmasters Mailing Address 915 W SW Loop 323 City Tyler State TX Zip Code 75701 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22037 Date of Disbursement 11 / 21 / 2007 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Travelmasters Mailing Address 915 W SW Loop 323 City Tyler State TX Zip Code 75701 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22061 Date of Disbursement 11 / 27 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	185.98
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Travelmasters</p> <p>Mailing Address 915 W SW Loop 323</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22105 Date of Disbursement 12 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Trust Property Management</p> <p>Mailing Address 1828 E SE Loop 323 Ste 310</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Office Rent Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21423 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 753.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Trust Property Management</p> <p>Mailing Address 1828 E SE Loop 323 Ste 310</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Rent Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21791 Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 753.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1706.56

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Trust Property Management</p> <p>Mailing Address 1828 E SE Loop 323 Ste 310</p> <p>City Tyler State TX Zip Code 75701</p> <p>Purpose of Disbursement Rent</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22073</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 753.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Twentyeast Agency</p> <p>Mailing Address P. O. Box 8227</p> <p>City Tyler State TX Zip Code 75711</p> <p>Purpose of Disbursement Web Site Update</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.22055</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 378.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) UPS Store</p> <p>Mailing Address 4828 S Broadway</p> <p>City Tyler State TX Zip Code 75703</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.21826</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 44.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1177.08

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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) U S House Members Dinning <hr/> Mailing Address U S Capital <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21787 Date of Disbursement 10 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 37.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U S House Members Dinning <hr/> Mailing Address U S Capital <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.21895 Date of Disbursement 11 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 51.60 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U S House Members Dinning <hr/> Mailing Address U S Capital <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.22027 Date of Disbursement 11 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 40.90 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	129.50
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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop</p> <p>Mailing Address Longworth House office Bldg</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gifts Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21450 Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 270.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop</p> <p>Mailing Address Longworth House office Bldg</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gifts Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21649 Date of Disbursement 10 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 700.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop</p> <p>Mailing Address Longworth House office Bldg</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Gifts Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.21799 Date of Disbursement 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 381.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1352.22

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 128 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop			Transaction ID: SB17.21818	
	Mailing Address Longworth House office Bldg			Date of Disbursement 10 / 31 / 2007	
	City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 129.60	
Purpose of Disbursement Gifts			003		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop			Transaction ID: SB17.21913	
	Mailing Address Longworth House office Bldg			Date of Disbursement 11 / 11 / 2007	
	City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 330.90	
Purpose of Disbursement Gifts			003		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop			Transaction ID: SB17.22023	
	Mailing Address Longworth House office Bldg			Date of Disbursement 11 / 17 / 2007	
	City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 339.80	
Purpose of Disbursement Gifts			003		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) ▶

800.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop	Transaction ID: SB17.22161 Date of Disbursement 12 / 12 / 2007
	Mailing Address Longworth House office Bldg	Amount of Each Disbursement this Period 1164.00
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gifts Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) U S House of Representatives Gift Shop	Transaction ID: SB17.22194 Date of Disbursement 12 / 19 / 2007
	Mailing Address Longworth House office Bldg	Amount of Each Disbursement this Period 518.40
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gifts Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.21509 Date of Disbursement 10 / 15 / 2007
	Mailing Address 180 Washington Valley Rd.	Amount of Each Disbursement this Period 250.01
	City Bedminster State NJ Zip Code 07921	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1932.41
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.21679 Date of Disbursement
	Mailing Address 180 Washington Valley Rd.	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Bedminster State NJ Zip Code 07921	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="761.97"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.21924 Date of Disbursement
	Mailing Address 180 Washington Valley Rd.	<input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Bedminster State NJ Zip Code 07921	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="245.99"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.22056 Date of Disbursement
	Mailing Address 180 Washington Valley Rd.	<input type="text" value="11"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Bedminster State NJ Zip Code 07921	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Candidate Name	<input type="text" value="931.67"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="001"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1939.63"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address 180 Washington Valley Rd. <hr/> City Bedminster State NJ Zip Code 07921 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22177 Date of Disbursement 12 / 18 / 2007 <hr/> Amount of Each Disbursement this Period 248.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Wal-mart Supercenter <hr/> Mailing Address 6801 S Broadway <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.21651 Date of Disbursement 10 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 139.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Walgreen Company <hr/> Mailing Address 5415 S Broadway <hr/> City Tyler State TX Zip Code 75703 <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.22205 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 30.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

418.09

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

96377.46

**SCHEDULE 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 132 / 136

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

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NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB18.22193

Date of Disbursement

Mailing Address 320 FIRST STREET

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

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Donation

011
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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

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 type="checkbox"/> 17	<input 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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Cancer Foundation for Life <hr/> Mailing Address 409 Bois D' Arc <hr/> City Tyler State TX Zip Code 75702 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.21908 Date of Disbursement 11 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) East Texas Crisis Center <hr/> Mailing Address P O Box 7060 <hr/> City Tyler State TX Zip Code 75711 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.21911 Date of Disbursement 11 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) GERLACH, JIM <hr/> Mailing Address 649 Deep Hollow Lane <hr/> City Chester Springs State PA Zip Code 19425 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.22018 Date of Disbursement 11 / 17 / 2007 <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) ▶

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 / 136

<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)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB21.21928

Date of Disbursement

Mailing Address 320 FIRST STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

20000.00

Purpose of Disbursement
Donation

011
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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

20000.00

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

22500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 / 136
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Wm. L. (Bill) Long			Nature of Debt (Purpose): Bonus
Mailing Address 8236 Columbia Dr.			
City Tyler	State TX	ZIP Code 75703	

Outstanding Balance Beginning This Period		Transaction ID: SD10.13015	
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1000.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

Image# 28931057101

Form/Schedule: **SA11AI** Refund of \$2,300 on 1/15/08
Transaction ID: **SA11AI.21630**

Form/Schedule: **SA11C** STATE PAC
Transaction ID: **SA11C.21626**
