

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than 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 Louisiana Reform PAC

ADDRESS (number and street) PO Box 1542 Check if different than previously reported. (ACC) Shreveport LA 71165 1542

2. FEC IDENTIFICATION NUMBER C00409631 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 12 31 2009

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 John Schmidt

Signature of Treasurer Electronically Filed by John Schmidt Date 01 29 2010

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

Office Use Only table with 7 columns and 1 row, followed by FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		501.24
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	6091.34									
(c) Total Receipts (from Line 19)	28850.00	97800.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34941.34	98301.89								
7. Total Disbursements (from Line 31)	25335.61	88696.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9605.73	9605.73								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14550.00	55950.00
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14850.00	56250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14000.00	37000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28850.00	93250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4550.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28850.00	97800.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28850.00	97800.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	16835.61	70021.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16835.61	70021.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	18500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	175.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25335.61	88696.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25335.61	88696.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28850.00	93250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28850.00	93250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16835.61	70021.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16835.61	70021.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Robert Miller

Mailing Address PO Box 3616

City State Zip Code
Morgan City LA 70381-3616

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

Name of Employer Major Equipment, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI-7-761-c

Amount of Each Receipt this Period
5000.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)
Wade Webster

Mailing Address 4614 Carondelet Street

City State Zip Code
New Orleans LA 70115-4822

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

Name of Employer Middleberg, Riddle & Gian- Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI-180-762-c

Amount of Each Receipt this Period
1000.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)
Robert Belk

Mailing Address 1923 Old Plantation Lane

City State Zip Code
Baton Rouge LA 70806-8430

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

Name of Employer The Shaw Group Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

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

Transaction ID: SA11AI-447-771-c

Amount of Each Receipt this Period
1200.00

WMG

SUBTOTAL of Receipts This Page (optional) ► **7200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
James Garner

Mailing Address 10 Forrest Court

City State Zip Code
Metairie LA 70001-6155

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

Name of Employer Occupation
Sher Garner Law Firm Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2009

Transaction ID: SA11AI-170-768-c

Amount of Each Receipt this Period
300.00

WMG

B.

Full Name (Last, First, Middle Initial)
Max Hoyt

Mailing Address 107 Riverbriar Drive

City State Zip Code
Lafayette LA 70503-3390

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

Name of Employer Occupation
Pixus Digital Printing Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2009

Transaction ID: SA11AI-445-769-c

Amount of Each Receipt this Period
300.00

WMG

C.

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

Mailing Address 611 Dafney Drive

City State Zip Code
Lafayette LA 70503-4608

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

Name of Employer Occupation
Comit Technologies President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2009

Transaction ID: SA11AI-446-770-c

Amount of Each Receipt this Period
300.00

WMG

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial) Lawrence Sisung, Jr		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 201 Saint Charles Avenue Suite 4240		Transaction ID: SA11AI-448-773-c
City State Zip Code New Orleans LA 70170-1048	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00
Name of Employer Sisung Capital, LLC	Occupation Managing Member	WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Scott Sullivan		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 106 Fontainebleau Drive		Transaction ID: SA11AI-62-772-c
City State Zip Code Mandeville LA 70471-6419	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Ctr. Restorative Breast Sur.	Occupation Physician	WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Chris Blanchard		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
Mailing Address 3002 Belvedere Avenue		Transaction ID: SA11AI-449-775-c
City State Zip Code New Iberia LA 70563-2111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Attorney	WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Donald Bollinger		Date of Receipt	
	Mailing Address PO Box 250		M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI-328-774-c
	Lockport	LA	70374-0250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Bollinger Shipyards, Inc.		Occupation President		WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Genevieve May		Date of Receipt	
	Mailing Address 8730 Bayside Avenue		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI-457-787-c
	Baton Rouge	LA	70806-7947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Lt. Colonel		Occupation Louisiana State Police		WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) David Roberts		Date of Receipt	
	Mailing Address 17747 Airline Highway		M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI-372-786-c
	Prairieville	LA	70769-3701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Excel Contractors, Inc.		Occupation President		WMG
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Leopold Sher		Date of Receipt
	Mailing Address 909 Poydras Street Floor 28		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Orleans	LA	70112-4000
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Sher Garner Law Firm		Occupation Attorney	Transaction ID: SA11AI-171-785-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="750.00"/>
WMG			

B.	Full Name (Last, First, Middle Initial) Charlene Belk		Date of Receipt
	Mailing Address 18707 Santa Maria Drive		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baton Rouge	LA	70809-6766
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-employed		Occupation Self-employed	Transaction ID: SA11AI-459-789-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="600.00"/>
WMG			

C.	Full Name (Last, First, Middle Initial) Lawrence Svendsen		Date of Receipt
	Mailing Address 202 Whitcomb Road		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503-3626
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Marlin Energy		Occupation Petroleum Engineer	Transaction ID: SA11AI-458-788-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
WMG			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1650.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) William Mills		Date of Receipt
	Mailing Address 2250 Robley Drive		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503-6609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-439-744-c
Name of Employer Self-employed		Occupation Real Estate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="600.00"/>
		<input type="text" value="900.00"/>	WMG

B.	Full Name (Last, First, Middle Initial) Randy Haynie		Date of Receipt
	Mailing Address 108 Waterside Drive		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503-8407
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-440-746-c
Name of Employer Haynie & Associates		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1500.00"/>
		<input type="text" value="1500.00"/>	WMG

C.	Full Name (Last, First, Middle Initial) William Mills		Date of Receipt
	Mailing Address 2250 Robley Drive		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lafayette	LA	70503-6609
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-439-745-c
Name of Employer Self-employed		Occupation Real Estate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="900.00"/>	WMG

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14550.00"/>

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

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

FOR LINE NUMBER: PAGE 12 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial)
Valero Political Action Committee
 Mailing Address PO Box 500
 City San Antonio State TX Zip Code 78292-0500
 Date of Receipt 10 / 09 / 2009
Transaction ID: SA11C-73-760-c
 Amount of Each Receipt this Period 5000.00
 PAC Contribution
 FEC ID number of contributing federal political committee. **C** C00109546
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
Raytheon Company Political Action Committee
 Mailing Address 1100 Wilson Boulevard Suite 1500
 City Arlington State VA Zip Code 22209-2249
 Date of Receipt 10 / 29 / 2009
Transaction ID: SA11C-442-763-c
 Amount of Each Receipt this Period 1500.00
 PAC Contribution
 FEC ID number of contributing federal political committee. **C** C00097568
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

C. Full Name (Last, First, Middle Initial)
Jpmorgan Chase & Co. Pac
 Mailing Address 10 S Dearborn Street # 1-0520
 City Chicago State IL Zip Code 60603-2300
 Date of Receipt 11 / 11 / 2009
Transaction ID: SA11C-443-767-c
 Amount of Each Receipt this Period 2500.00
 PAC Contribution
 FEC ID number of contributing federal political committee. **C** C00128512
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional) ► 9000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial) KOCHPAC		Date of Receipt
Mailing Address 655 15th Street NW Suite 445		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
City	State	Zip Code
Washington	DC	20005-5727
FEC ID number of contributing federal political committee.		Transaction ID: SA11C-245-792-c
<input type="text" value="C"/> <input type="text" value="C00236489"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14000.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-739-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly service fee Candidate Name	<input type="text" value="403.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: SB21B-403-740-e Date of Disbursement
	Mailing Address 333 Texas Street	<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Shreveport State LA Zip Code 71101-3666	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly analysis charge Candidate Name	<input type="text" value="21.28"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-741-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer-no candidate benefitted Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2924.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement Monthly admin fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-165-742-e Date of Disbursement 07 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Monthly software charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-164-750-e Date of Disbursement 08 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 403.00
C.	Full Name (Last, First, Middle Initial) Regions Bank <hr/> Mailing Address 333 Texas Street <hr/> City Shreveport State LA Zip Code 71101-3666 <hr/> Purpose of Disbursement Monthly service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-403-747-e Date of Disbursement 08 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 21.87

SUBTOTAL of Disbursements This Page (optional) ▶

674.87

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-748-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Aug retainer - no candidate benefited	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-749-e Date of Disbursement
	Mailing Address 10010 Winding Ridge Drive	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period
	Purpose of Disbursement August admin fee	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-753-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Sept software charge	<input type="text" value="403.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2153.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: SB21B-403-752-e Date of Disbursement
	Mailing Address 333 Texas Street	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Shreveport State LA Zip Code 71101-3666	Amount of Each Disbursement this Period
	Purpose of Disbursement Sept service charge Candidate Name	<input type="text" value="20.53"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-754-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Oct software charge Candidate Name	<input type="text" value="403.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: SB21B-403-759-e Date of Disbursement
	Mailing Address 333 Texas Street	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Shreveport State LA Zip Code 71101-3666	Amount of Each Disbursement this Period
	Purpose of Disbursement Oct service charge Candidate Name	<input type="text" value="20.54"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-756-e Date of Disbursement																			
	Mailing Address 10010 Winding Ridge Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	9												
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Sept & Oct admin fee Candidate Name	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter	Transaction ID: SB21B-124-757-e Date of Disbursement																			
	Mailing Address 238 Helios Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
	City Metairie State LA Zip Code 70005-3755	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse misc expenses Candidate Name	<table border="1"><tr><td>98.00</td></tr></table>	98.00																		
98.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-758-e Date of Disbursement																			
	Mailing Address 7449 Garfield Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Sept & Oct retainer-no candidate benefitted Candidate Name	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5598.00</td></tr></table>	5598.00
5598.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement Nov admin charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-165-765-e Date of Disbursement 10 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Nov software charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-164-766-e Date of Disbursement 11 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 403.00 <hr/> Category/Type 001
C.	Full Name (Last, First, Middle Initial) Regions Bank <hr/> Mailing Address 333 Texas Street <hr/> City Shreveport State LA Zip Code 71101-3666 <hr/> Purpose of Disbursement Nov service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-403-764-e Date of Disbursement 11 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 24.20 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

677.20

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-778-e Date of Disbursement																			
	Mailing Address 610 Gateway Center Way Suite K	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Dec software charge	<table border="1"><tr><td>403.00</td></tr></table>	403.00																		
403.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-791-e Date of Disbursement																			
	Mailing Address 610 Gateway Center Way Suite K	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card fee-no candidate benefitted	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-779-e Date of Disbursement																			
	Mailing Address 10010 Winding Ridge Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Dec admin fee	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>683.00</td></tr></table>	683.00
683.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 333 Texas Street</p> <p>City Shreveport State LA Zip Code 71101-3666</p> <p>Purpose of Disbursement Dec service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-403-794-e</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 24.69</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Mystick Krewe of Louisianians, Inc.</p> <p>Mailing Address 8941 Jefferson Highway</p> <p>City Baton Rouge State LA Zip Code 70809-2407</p> <p>Purpose of Disbursement Tickets to WA Mardi Gras-No candidate benefitted</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-422-783-e</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Credit card fee-no candidate benefitted</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-793-e</p> <p>Date of Disbursement 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 90.00</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3614.69

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

16769.11

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Project GOPInk <hr/> Mailing Address PO Box 4037 <hr/> City New Orleans State LA Zip Code 70178-4037 <hr/> Purpose of Disbursement Contribution-no candidate benefitted Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-452-780-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc <hr/> Mailing Address PO Box 12425 <hr/> City Columbia State SC Zip Code 29211-2425 <hr/> Purpose of Disbursement Political Contribution: PAC Contribution Candidate Name James W Demint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-412-781-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Trey Grayson <hr/> Mailing Address PO Box 175726 <hr/> City Covington State KY Zip Code 41017-5726 <hr/> Purpose of Disbursement Political Contribution: PAC Contribution Candidate Name C M Trey Grayson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-456-784-e Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Grassley Committee Inc		Transaction ID: SB23-454-782-e	
	Mailing Address PO Box 1000		Date of Disbursement 12 / 16 / 2009	
City Des Moines		State IA	Zip Code 50304-1000	
Purpose of Disbursement Political Contribution: PAC Contribution			Amount of Each Disbursement this Period 2500.00	
Candidate Name Charles E Grassley			011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District:				

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

8500.00