

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

GUS RANTZ FOR LOUISIANA

ADDRESS (number and street) PO BOX 80053

Check if different than previously reported. (ACC)

LAFAYETTE

LA

70598

2. **FEC IDENTIFICATION NUMBER** ▼

C C00609354

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

LA

03

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

/ /

through

/ /

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 JESSICA MCGEE

Signature of Treasurer JESSICA MCGEE

[Electronically Filed]

Date

/ /

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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

GUS RANTZ FOR LOUISIANA

Report Covering the Period: From: / / To: / /

| | 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)).... | 155842.66 | 155842.66 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 155842.66 | 155842.66 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 6450.21 | 6450.21 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 6450.21 | 6450.21 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 399397.45 | |
| 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)..... | 269089.53 | |

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

GUS RANTZ FOR LOUISIANA

Report Covering the Period: From: / / To: / /

| 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)..... | 152794.88 | 152794.88 |
| (ii) Unitemized..... | 1975.00 | 1975.00 |
| (iii) TOTAL of contributions from individuals ▶ | 154769.88 | 154769.88 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 1072.78 | 1072.78 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 155842.66 | 155842.66 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 250000.00 | 250000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 250000.00 | 250000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 5.00 | 5.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 405847.66 | 405847.66 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 6450.21 | 6450.21 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 6450.21 | 6450.21 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 405847.66 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 405847.66 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 6450.21 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 399397.45 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

Amended to remove TWH, Ltd (-\$5,400 on 3/4/16) & (\$5,400 on 3/4/16) reported in error.

Form/Schedule:

Transaction ID:

**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 6 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
CAROLINE AHNEFELD

Mailing Address 30110 COUNTY ROAD 221

City: CARROLLTON State: MO Zip Code: 64633

FEC ID number of contributing federal political committee: C

Name of Employer: SELF- CLEANING BUSINESS Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 31 / 2016

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARLES AHNEFELD

Mailing Address 30110 CR 221

City: CARROLLTON State: MO Zip Code: 64633

FEC ID number of contributing federal political committee: C

Name of Employer: MODOT Occupation: MAINTENANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 30 / 2016

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period: 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JEREMIE AHNEFELD

Mailing Address 1211 HILLCREST DR.

City: CARROLLTON State: MO Zip Code: 64633

FEC ID number of contributing federal political committee: C

Name of Employer: INFO REQUESTED PER BEST EFFORT Occupation: INFO REQUESTED PER BEST EFFORTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 29 / 2016

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period: 250.00

Memo Item

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

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

750.00

**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 7 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JODI AHNEFELD

Mailing Address 1211 HILCREST DR.

City State Zip Code
CARROLLTON MO 64633

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

Name of Employer Occupation
RED CROSS PHARMACY PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SKYLAR AHNEFELD

Mailing Address 25262 CR 227

City State Zip Code
CARROLLTON MO 64633

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

Name of Employer Occupation
RODENBERG DIVERSIFIED PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GARRETT ANDREW AHRENS

Mailing Address 412 SETTLERS TRACE BLVD

City State Zip Code
LAFAYETTE LA 70508

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

Name of Employer Occupation
AHRENS INVESTMENTS INVESTMENT BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

3200.00

**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 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BYRON ALLEMAND

Mailing Address 109 MAPLE GROVE LN.

City State Zip Code
YOUNGSVILLE LA 70592

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

Name of Employer Occupation
ALL COAST, LLC VICE PRESIDENT/COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ERIN ALLEMAND

Mailing Address 109 MAPLE GROVE LN.

City State Zip Code
YOUNGSVILLE LA 70592

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EARLENE ALLY

Mailing Address 155 HOSPITAL DR.
STE. 200

City State Zip Code
LAFAYETTE LA 70503

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

Name of Employer Occupation
LAFAYETTE GENERAL NURSE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4662

Amount of Each Receipt this Period
500.00

Memo Item
REATTRIBUTED FROM GLENN ALLY

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

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

1500.00

**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 9 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) Dr. GLENN ALLY | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2016 | |
| Mailing Address 155 HOSPITAL DR. STE. 200 | | Transaction ID : SA11AI.4459 | |
| City LAFAYETTE | State LA | Zip Code 70503 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item REATTRIBUTED TO SPOUSE; EARLENE ALLY | |
| Name of Employer SELF | Occupation PSYCHOLOGIST | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) Dr. GLENN ALLY | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2016 | |
| Mailing Address 155 HOSPITAL DR. STE. 200 | | Transaction ID : SA11AI.4461 | |
| City LAFAYETTE | State LA | Zip Code 70503 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item | |
| Name of Employer SELF | Occupation PSYCHOLOGIST | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|
| Full Name (Last, First, Middle Initial) Dr. GLENN ALLY | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2016 | |
| Mailing Address 155 HOSPITAL DR. STE. 200 | | Transaction ID : SA11AI.4661 | |
| City LAFAYETTE | State LA | Zip Code 70503 | Amount of Each Receipt this Period -500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item REATTRIBUTED TO SPOUSE; EARLENE ALLY | |
| Name of Employer SELF | Occupation PSYCHOLOGIST | | |
| Receipt For: 2016 <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)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 500.00 |

**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 10 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
AMERICAN MOBILE DIGITAL SERVICES, L.L.C.

Mailing Address 174 GRANT RD.

City OPELOUSAS State LA Zip Code 70570

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
DALE VIDRINE

Mailing Address 174 GRANT RD.

City OPELOUSAS State LA Zip Code 70570

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

Name of Employer Occupation
MOBILE X-RAY OF LOUISIANA PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4404.0

Amount of Each Receipt this Period
500.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM AMERICAN MOBILE DIGITAL SERVICES

C. Full Name (Last, First, Middle Initial)
JOEL BABINEAUX

Mailing Address 416 MONTROSE AVE.

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

3200.00

**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 11 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
ODON BACQUE Jr.

Mailing Address **300 RUE BEAUREGARD
BUILDING J**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **SELF** Occupation **LIFE INSURANCE SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RAMONA BAQUET

Mailing Address **103 MARLA**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **SELF** Occupation **DIETITIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TODD BAQUET

Mailing Address **103 MARLA**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **SELF** Occupation **MD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2016

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
DAVID BARRAS

Mailing Address **404 BOULDER CREEK PARKWAY**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **D&B MARINE LLC** Occupation **CEO/OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Dr. DAVE 'JOEY' BARRIOS III

Mailing Address **200 BEAULLIEU DR.
BLDG. 3B**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BARSON GROUP CONSULTING, LLC

Mailing Address **5814 MCCANN BLVD.**

City **BATON ROUGE** State **LA** Zip Code **70809**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

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

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

3450.00

**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 13 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
DOUG THOMPSON

Mailing Address 5814 MCCANN BLVD.

City State Zip Code
BATON ROUGE LA 70809

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

Name of Employer Occupation
BARSON GROUP CONSULTING, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4379.0

Amount of Each Receipt this Period
250.00

Memo Item
PARTNERSHIP ATTRIBUTION FORM BARSON GROUP CONSULTING

B. Full Name (Last, First, Middle Initial)
BLAIR BARBIER

Mailing Address 5814 MCCANN BLVD.

City State Zip Code
BATON ROUGE LA 70809

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

Name of Employer Occupation
BARSON GROUP CONSULTING, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4379.1

Amount of Each Receipt this Period
250.00

Memo Item
PARTNERSHIP ATTRIBUTUION FRO BARSON GROUP CONSULTING

C. Full Name (Last, First, Middle Initial)
BRUCE J BARTELS

Mailing Address 506 WILLOW BEND

City State Zip Code
YOUNGSVILLE LA 70592

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

Name of Employer Occupation
ACADIANA MANAGEMENT GORUP VP OF HOSPITAL OPERATIONS & OUTP SEI

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
500.00

Memo Item

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

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

500.00

**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 14 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BEN BERNARD

Mailing Address 144 QUEENSBERRY DR.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer AERION RENTAL SERVICES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SKIP BERTMAN

Mailing Address 2933 ORMOND AVE.

City BATON ROUGE State LA Zip Code 70820

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
A P BLALOCK

Mailing Address 523 BEVERLY DR.

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer ACADIANA RENAL ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

5700.00

**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 15 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BOLGIANO CUSTOM HOMES, LLC

Mailing Address **PO BOX 57**

City **MILTON** State **LA** Zip Code **70558**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
3000.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CLIFTON BOLGIANO

Mailing Address **224 B VINDCENT RD.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer Occupation
BOLGIANO CUSTOM HOMES HOME BUILDER/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4408.0

Amount of Each Receipt this Period
1500.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM BOLGIANO CUSTOM HOMES

C. Full Name (Last, First, Middle Initial)
JODI BOLGIANO

Mailing Address **224 B VINCENT RD.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer Occupation
BOLGIANO CUSTOM HOMES, LLC PARTNER/OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4408.1

Amount of Each Receipt this Period
1500.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM BOLGIANO CUSTOM HOMES

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

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

3000.00

**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 16 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BOLGIANO CUSTOM HOMES, LLC

Mailing Address **PO BOX 57**

City **MILTON** State **LA** Zip Code **70558**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
400.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CLIFTON BOLGIANO

Mailing Address **224 B VINDCENT RD.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer Occupation
BOLGIANO CUSTOM HOMES HOME BUILDER/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4310.0

Amount of Each Receipt this Period
200.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM BOLGIANO CUSTOM HOMES

C. Full Name (Last, First, Middle Initial)
JODI BOLGIANO

Mailing Address **224 B VINCENT RD.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer Occupation
BOLGIANO CUSTOM HOMES, LLC PARTNER/OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4310.1

Amount of Each Receipt this Period
200.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM BOLGIANO CUSTOM HOMES

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 17 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JEREMY BROUSSARD

Mailing Address 308 AMBERGRIS LN.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer MEDTRONIC Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SCOTT BROUSSARD

Mailing Address PO BOX 61400

City LAFAYETTE State LA Zip Code 70596

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

Name of Employer BROUSSARD POCHE, LLP Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LISA BUCHER

Mailing Address 203 GOODWOOD CIRCLE

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer VAN EATON & ROMERO Occupation REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

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

_____ 1500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 18 OF 64

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
RICK BUCHER

Mailing Address 203 GOODWOOD CIRCLE

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer CHET MORRISON CONTRACTORS Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TINA CLARK

Mailing Address 209 WATERFORD DR.

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STEPHEN COMINSKI

Mailing Address 1427 SAINT JOHN ST.

City LAFAYETTE State LA Zip Code 70506

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

Name of Employer PICARD GROUP Occupation DIRECTOR OF ADMIN AND FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

3250.00

**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 19 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JOHN COSGROVE

Mailing Address **PO BOX 1840**

City **GRAY** State **LA** Zip Code **70359**

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

Name of Employer **YELLOWFIN MARINE SERVICES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TODD DANOS

Mailing Address **16116 W. MAIN**

City **CUT OFF** State **LA** Zip Code **70345**

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

Name of Employer **GULF OFFSHORE LOGISTICS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LISA DAVID, MD

Mailing Address **236 EMILY CIR.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period
2500.00

Memo Item
 REATTRIBUTE FROM ROBERT DAVID

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

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

6000.00

**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 20 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. ROBERT DAVID | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2016 | |
| Mailing Address 236 EMILY CIR. | | Transaction ID : SA11AI.4240 | |
| City LAFAYETTE | State LA | Zip Code 70508 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 | |
| Name of Employer JUNEAU, DAVID, APLC | Occupation ATTORNEY | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | | |
| | | <input type="checkbox"/> Memo Item REATTRIBUTED TO SPOUSE; LISA DAVID, MD | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ROBERT DAVID | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2016 | |
| Mailing Address 236 EMILY CIR. | | Transaction ID : SA11AI.4582 | |
| City LAFAYETTE | State LA | Zip Code 70508 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -2500.00 | |
| Name of Employer JUNEAU, DAVID, APLC | Occupation ATTORNEY | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | | |
| | | <input type="checkbox"/> Memo Item REATTRIBUTE TO SPOUSE; LISA DAVID, MD | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. OVERTON TAYLOR DAVIS | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2016 | |
| Mailing Address PO BOX 52117 | | Transaction ID : SA11AI.4441 | |
| City LAFAYETTE | State LA | Zip Code 70505 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer NORTH WESTERN MUTUAL | Occupation FINANCIAL REPRESENTATIVE | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |
| | | <input type="checkbox"/> Memo Item | |

| | |
|-----------------------------------------------------------------|---------|
| 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: (check only one) | PAGE 21 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
RYAN DESORMEAUX

Mailing Address 16970 JEFFERSON HWY.
STE. C

City State Zip Code
BATON ROUGE LA 70817

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

Name of Employer Occupation
DESORMEAAUX INSUR. STATE FARM INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
D H P LEASING, L.L.C.

Mailing Address PO DRAWER 51782

City State Zip Code
LAFAYETTE LA 70505

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period
2700.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
HUNTER PERRET

Mailing Address PO DRAWER 51782

City State Zip Code
LAFAYETTE LA 70505

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

Name of Employer Occupation
D H P LEASING, L.L.C. OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.4234.0

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM DHP LEASING

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

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

3000.00

**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 22 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
ALEXIS K FREEMAN

Mailing Address 3620 CHURCH ST.

City State Zip Code
ZACHARY LA 70791

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.4359

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GREGORY FROST

Mailing Address 6513 BOONE AVE.

City State Zip Code
BATON ROUGE LA 70808

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

Name of Employer Occupation
BREAZEALE, SACHSE & WILSON LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LISA J FROST

Mailing Address 6513 BOONE AVE.

City State Zip Code
BATON ROUGE LA 70808

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

3700.00

**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 23 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
GAMBIT ENTERPRISES, LLC

Mailing Address 204 BILTMORE WAY

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
BRETT VENABLE

Mailing Address 117 BARTON TERRACE

City YOUNGSVILLE State LA Zip Code 70592

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

Name of Employer Occupation
GAMBIT ENTERPRISES, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4328.0

Amount of Each Receipt this Period
250.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM GAMBIT ENTERPRISES

C. Full Name (Last, First, Middle Initial)
STEPHANIE VENABLE

Mailing Address 117 BARTON TERRACE

City YOUNGSVILLE State LA Zip Code 70592

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

Name of Employer Occupation
GAMBIT ENTERPRISES, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4328.1

Amount of Each Receipt this Period
250.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM GAMBIT ENTERPRISES

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

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

500.00

**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 24 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JOSHUA P GASPARD

Mailing Address 209 TURTLEDOVE TRAIL

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer OUR LADY OF THE LOURDES Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOSEPH H GEORGUSIS

Mailing Address 3421 N. CAUSEWAY BLVD.
STE. 802

City METAIRIE State LA Zip Code 70002

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

Name of Employer PARK INVESTMENTS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LEON L GIORGIO Jr.

Mailing Address PO BOX 75010

City METAIRIE State LA Zip Code 70033

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

Name of Employer SELECT PROPERTIES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

7400.00

**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 25 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
CONNIE GOWLAND

Mailing Address 57 FLAMINGO ST.

| | | |
|---------------------|-------------|-------------------|
| City NEW ORLEANS | State LA | Zip Code 70124 |
|---------------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
5400.00

Memo Item
SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
CONNIE GOWLAND

Mailing Address 57 FLAMINGO ST.

| | | |
|---------------------|-------------|-------------------|
| City NEW ORLEANS | State LA | Zip Code 70124 |
|---------------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period
-2700.00

Memo Item
Redesignate: GENERAL 2016

C. Full Name (Last, First, Middle Initial)
CONNIE GOWLAND

Mailing Address 57 FLAMINGO ST.

| | | |
|---------------------|-------------|-------------------|
| City NEW ORLEANS | State LA | Zip Code 70124 |
|---------------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation RETIRED |
|--------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
2700.00

Memo Item
Redesignate: GENERAL 2016

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

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

5400.00

**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 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
EMILY B GREY

Mailing Address 3111 PLANTATION KEY DR.

City State Zip Code
BATON ROUGE LA 70816

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

Name of Employer Occupation
BREAZEALE, SACHSE & WILSON ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KRISTI LYNN GUILLOTTE

Mailing Address 205 GATESMERE CT.

City State Zip Code
LAFAYETTE LA 70508

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

Name of Employer Occupation
PAR REALTY REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2016

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RICHARD HAIK Jr.

Mailing Address 421 MARGUERITE BLVD.

City State Zip Code
LAFAYETTE LA 70503

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

Name of Employer Occupation
MORROWMORROWRYANBASSETT ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

2500.00

**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 27 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
DAWN D HARGRAVE

Mailing Address 505 N LOUISIANA ST.

City State Zip Code
ABBEVILLE LA 70510

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

Name of Employer Occupation
AMG INTEGRATED HEALTHCARE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
M.W. HAYDEN

Mailing Address 12739 N. OAK HILLS PKY.

City State Zip Code
BATON ROUGE LA 70810

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

Name of Employer Occupation
EBR PARISH SCHOOLS TEACHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ERIC HEBERT

Mailing Address 204 LAKESHORE DR.

City State Zip Code
YOUNGSVILLE LA 70592

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

Name of Employer Occupation
WIRED AUDIO VIDEO SOLUTIONS INTERGRATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

**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 28 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
SCOTT HIGGINS

Mailing Address 103 ENCHANTED OAK BLVD.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer JEANSONNE & REMONDT Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4296

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HOLLIER'S SPECIALTY ROOFING

Mailing Address 320 E. VINCENT ST.

City MAURICE State LA Zip Code 70555

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
WAYNE HOLLIER

Mailing Address 320 E. VINCENT ST.

City MAURICE State LA Zip Code 70555

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

Name of Employer Occupation
HOLLIER'S SPECIALTY ROOFING OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4419.0

Amount of Each Receipt this Period
500.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM HOLLIER'S SPECIALTY ROOFING

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

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

750.00

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
INSTITUTIONAL PHARMACIES OF LOUISIANA LLC

Mailing Address 106 ABIGAYLE ROW

City State Zip Code
SCOTT LA 70583

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP REATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
ROBERT SONNIER

Mailing Address 106 ABIGAYLE ROW

City State Zip Code
SCOTT LA 70583

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

Name of Employer Occupation
INSTITUTIONAL PHARMACIES OF LA PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4423.0

Amount of Each Receipt this Period
500.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM INSTITUTIONAL PHARMACIES OF LA

C. Full Name (Last, First, Middle Initial)
JOHN ISTRE

Mailing Address 710 F ST.

City State Zip Code
RAYNE LA 70578

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

Name of Employer Occupation
BROUSSARD POUCHE, LLP CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2016

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

**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 30 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
GLENN JUMONVILLE

Mailing Address 221 SOUTHPARK RD.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer IMED SOFTWARE CORPORATION Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KHM, LLC

Mailing Address 2014 W. PINHOOK RD.
STE. 301

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
5400.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
HOWARD WETSMAN

Mailing Address 2014 W. PINHOOK RD.
STE. 301

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer WETSMAN & KHM Occupation OWNER/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4427.0

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM KHM, LLC

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

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

6900.00

**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 31 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MICHAEL HANDLEY

Mailing Address 2014 W. PINHOOK RD.
STE. 301

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer WETSMAN & KHM Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4427.1

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM KHM, LLC

B. Full Name (Last, First, Middle Initial)
KIMBLE DEVELOPMENT LOUISIANA

Mailing Address 10606 COURSEY BLVD.
STE. B

City BATON ROUGE State LA Zip Code 70816

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
200.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
MICHAEL D KIMBLE

Mailing Address 10606 COURSEY BLVD.
STE. B

City BATON ROUGE State LA Zip Code 70816

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

Name of Employer Occupation
KIMBLE DEVELOPMENT LOUISIANA OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.4429.0

Amount of Each Receipt this Period
100.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM KIMBLE DEVELOPMENT LOUISIANA

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

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

200.00

**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 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MITCHELL KIMBLE

Mailing Address 10606 COURSEY BLVD.
STE. B

City State Zip Code
BATON ROUGE LA 70816

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

Name of Employer Occupation
KIMBLE DEVELOPMENT LOUISIANA PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.4429.1

Amount of Each Receipt this Period
100.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM KIMBLE DEVELOPMENT LOUISIANA

B. Full Name (Last, First, Middle Initial)
ERIC LANDRY

Mailing Address 589 DUBOIS DR.

City State Zip Code
BATON ROUGE LA 70808

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

Name of Employer Occupation
BREAZEALE, SACHSE & WILSON LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2016

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SHARON LEBLANC LANDRY

Mailing Address 203 SILVER OAK LN.

City State Zip Code
BROUSSARD LA 70518

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

3000.00

**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 33 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
TODD LEDET

Mailing Address 13200 AIRLINE HWY.

City: **BATON ROUGE** State: **LA** Zip Code: **70817**

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

Name of Employer: **PRICE LEBLANC LEXUS** Occupation: **GM**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **03 / 31 / 2016**

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period: **250.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
JAMES LIPSTATE

Mailing Address 408 ROSWELL CROSSING

City: **LAFAYETTE** State: **LA** Zip Code: **70508**

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

Name of Employer: **SELF** Occupation: **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **03 / 10 / 2016**

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period: **1000.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
DAVID LUKINOVICH

Mailing Address 18128 GREEN LAKES COURT

City: **BATON ROUGE** State: **LA** Zip Code: **70810**

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

Name of Employer: **LUKINOVICH PROFESSIONAL LAW CO** Occupation: **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **03 / 31 / 2016**

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period: **500.00**

Memo Item

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

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

1750.00

**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 34 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
GABE MARANTO

Mailing Address 101 GARDEN GROVE

City LAFAYETTE State LA Zip Code 70506

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

Name of Employer: INFO REQUESTED PER BEST EFFORT
Occupation: INFO REQUESTED PER BEST EFFORT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 17 / 2016

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period: 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ROBERT A MAURIN III

Mailing Address PO BOX 1457

City HAMMOND State LA Zip Code 70404

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

Name of Employer: SELF
Occupation: REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 30 / 2016

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period: 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WILLIAM MCALISTER Jr.

Mailing Address 307 CHELSEA DR.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer: INFO REQUESTED PER BEST EFFORT
Occupation: INFO REQUESTED PER BEST EFFORT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 17 / 2016

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period: 1000.00

Memo Item

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

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

6200.00

**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 35 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JESSICA MCGEE

Mailing Address **PO BOX 80053**

City **LAFAYETTE** State **LA** Zip Code **70598**

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

Name of Employer **ACADIANA MANAGEMENT GROUP** Occupation **SR. VP, CORPORATE OPERATIONS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MEDICAL SPECIALIST OF ACADIANA, LLC

Mailing Address **208 HIDDEN GROVE PL.**

City **LAFAYETTE** State **LA** Zip Code **70503**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period
1000.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
CESAR A RAMIREZ

Mailing Address **208 HIDDEN GROVE PL.**

City **LAFAYETTE** State **LA** Zip Code **70503**

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

Name of Employer **MEDICAL SPECIALIST FO ACADIANA** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4417.0

Amount of Each Receipt this Period
1000.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM MEDICAL SPECIALIST OF ACADIANA

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

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

2000.00

**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 36 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
BLAIR MICHEL

Mailing Address 901 W. CONGRESS

City LAFAYETTE State LA Zip Code 70501

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

Name of Employer COASTAL RISK SERVICES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BENJAMIN PAUL MILLER

Mailing Address 103 CAMEO DR.

City SCOTT State LA Zip Code 70583

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

Name of Employer LTAC OF LOUISIANA, LLC Occupation HOSPITAL CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.4344

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MOBILE X-RAY OF LOUISIANA

Mailing Address 174 GRANT RD.

City OPELOUSAS State LA Zip Code 70570

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
500.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

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

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

1750.00

**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 37 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
DALE VIDRINE

Mailing Address 174 GRANT RD.

City OPELOUSAS State LA Zip Code 70570

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

Name of Employer MOBILE X-RAY OF LOUISIANA Occupation PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4396.0

Amount of Each Receipt this Period
 500.00

Memo Item
 PARTNERSHIP ATTRIBUTION FROM MOBILE X-RAY OF LOUISIANA

B. Full Name (Last, First, Middle Initial)
JEREMY N MORROW

Mailing Address 1001 W. PINHOOK RD
STE. 200

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer NEUNER PATE Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MELISSA B NAQUIN

Mailing Address 215 ENGLISH GARDENS PARKWAY

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer INFO REQUESTED PER BEST EFFORT Occupation INFO REQUESTED PER BEST EFFORT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

750.00

**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 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
SHAUN NORRIS

Mailing Address **2561 CITIPLACE COURT**

City **BATON ROUGE** State **LA** Zip Code **70808**

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

Name of Employer **HUB** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
O'PRY LAW FIRM, LLC

Mailing Address **2014 W. PINHOOK RD.
STE. 507**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
2700.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
DONOVEN J O'PRY Jr.

Mailing Address **206 RED ROBIN TR.**

City **LAFAYETTE** State **LA** Zip Code **70508**

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

Name of Employer **O'PRY LAW FIRM, LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11AI.4555.0

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM O'PRY LAW FIRM, LLC

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

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

3700.00

**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 39 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
CARITA PEARCE

Mailing Address 200 ACOMB DR.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer SUGAR 'N SPICE PRESCHOOL Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CARITA PEARCE

Mailing Address 200 ACOMB DR.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer SUGAR 'N SPICE PRESCHOOL Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period
 40.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JONATHAN PEARCE

Mailing Address PO BOX 81656

City LAFAYETTE State LA Zip Code 70598

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

Name of Employer SUGAR 'N SPICE PRESCHOOLS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1540.00

**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 40 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MICHAEL PREJEAN

Mailing Address 124 QUEENSBERRY DR.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer LOUISIANA ORTHOPAEDIC SPECIALI Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER P RADER

Mailing Address 105 TANGLEWOOD DR.

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer RADER SOLUTIONS Occupation CEO/OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER P RADER

Mailing Address 105 TANGLEWOOD DR.

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer RADER SOLUTIONS Occupation CEO/OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 41 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
LAWRENCE J RAMIREZ

Mailing Address 359 M. DEERE PARK DR. EAST

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer Occupation
SELF APPRAISER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AUGUST J RANTZ III

Mailing Address 111 ACOMB DR.

City State Zip Code
LAFAYETTE LA 70508

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1754.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
1754.88

Memo Item
IN-KIND: FOOD & BEVERAGES FOR FUNDRAISER

C. Full Name (Last, First, Middle Initial)
RONNIE RANTZ

Mailing Address 9340 GRYESTONE DR.

City State Zip Code
DENHAM SPRINGS LA 70726

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

Name of Employer Occupation
ACADIANA MANAGEMENT GROUP MARKETING & DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period
5400.00

Memo Item
SEE REDESIGNATION BELOW

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

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

9154.88

**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 42 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
RONNIE RANTZ

Mailing Address 9340 GRYESTONE DR.

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| DENHAM SPRINGS | LA | 70726 |

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

| | |
|---------------------------|-------------------------|
| Name of Employer | Occupation |
| ACADIANA MANAGEMENT GROUP | MARKETING & DEVELOPMENT |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
 -2700.00

Memo Item
 Redesignate: SEE REDESIGNATION BELOW

B. Full Name (Last, First, Middle Initial)
RONNIE RANTZ

Mailing Address 9340 GRYESTONE DR.

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| DENHAM SPRINGS | LA | 70726 |

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

| | |
|---------------------------|-------------------------|
| Name of Employer | Occupation |
| ACADIANA MANAGEMENT GROUP | MARKETING & DEVELOPMENT |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
 2700.00

Memo Item
 Redesignate: GENERAL 2016

C. Full Name (Last, First, Middle Initial)
ASHLEY RHONEY

Mailing Address 226 ELYSIAN FIELDS DR.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| LAFAYETTE | LA | 70508 |

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

| | |
|------------------|--------------------|
| Name of Employer | Occupation |
| CITY CLUB | DIRECTOR OF TENNIS |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

250.00

**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 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
KAREN ROTH

Mailing Address 103 ANDREWS CORNER

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer ACADIANA MANAGEMENT GROUP Occupation CHIEF NURSING OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KEITH SALTZMAN

Mailing Address 224 BILTOMORE WAY

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer ANDERSONDOZIERBLANDASALTZMAN Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THOMAS SANDEFER

Mailing Address 3916 S RAMSEY DR.

City BATON ROUGE State LA Zip Code 70808

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

Name of Employer KEAN MILLER, LLP Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
CLIFFORD SCHUMACHER

Mailing Address 233 GROVE PARK

City ARNAUDVILLE State LA Zip Code 70512

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

Name of Employer Occupation
INFO REQUESTED PER BEST EFFORT INFO REQUESTED PER BEST EFFORT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEPHEN SERE

Mailing Address 107 RIVER OAK CL.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation
ACADIANA MANAGEMENT GROUP VP OF CORPORATE OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FRANK SLAVICH III

Mailing Address 122 HUTTINGTOWER LN.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

4700.00

**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 45 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JODIE SMITH

Mailing Address 203 WOODCREST ST.

City State Zip Code
FREDERICKSBRG TX 78624

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

Name of Employer Occupation
ACADIANA MANAGEMENT GROUP DIR. OF CASE MGMT&CUSTOMER EXPERI

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CLARA STROHE

Mailing Address 102 BELLEVOIR AVE.

City State Zip Code
LAFAYETTE LA 70503

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THOMAS STROHE

Mailing Address 605 S BUCHANAN ST.

City State Zip Code
LAFAYETTE LA 70501

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

Name of Employer Occupation
LAFAYETTE PHYSICAL REHAB HOSP HOSPITAL CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 46 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MALCOLM STUBBS

Mailing Address 118 ENGLISH GARDENS PARKWAY

City LAFAYETTE State LA Zip Code 70503

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEPHEN M SULLIVAN

Mailing Address 1042 CAMELLIA BLVD.
STE. 2

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer SULLIVAN, STOLIER, KNIGHT Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RAJA TALLURI

Mailing Address PO BOX 69

City VACHIRIE State LA Zip Code 70090

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

6400.00

**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 47 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
TECHNEAUX TECHNOLOGY SERVICES, LLC

Mailing Address 312 WESTGATE RD.

City LAFAYETTE State LA Zip Code 70506

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
 500.00

Memo Item
 SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MICHAEL JOHNSON

Mailing Address 312 WESTGATE RD.

City LAFAYETTE State LA Zip Code 70506

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

Name of Employer Occupation
 TECHNEAUX TECHNOLOGY SERVICES OWNER/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4415.0

Amount of Each Receipt this Period
 250.00

Memo Item
 PARTNERSHIP ATTRIBUTION FROM TECHNEAUX TECHNOLOGY SERVICES

C. Full Name (Last, First, Middle Initial)
BENJAMIN JOHNSON

Mailing Address 312 WESTGATE RD.

City LAFAYETTE State LA Zip Code 70506

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

Name of Employer Occupation
 TECHNEAUX TECHNOLOGY SERVICES PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4415.1

Amount of Each Receipt this Period
 250.00

Memo Item
 PARTNERSHIP ATTRIBUTION FROM TECHNEAUX TECHNOLOGY SERVICES

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

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

500.00

**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 48 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
TFG CONSULTING

Mailing Address 8550 UNITE PLAZA BLVD.
STE. 702

City ZACHARY State LA Zip Code 70809

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
2700.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
MICHAEL C FREEMAN

Mailing Address 3620 CHURCH ST.

City ZACHARY State LA Zip Code 70791

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

Name of Employer Occupation
TFG CONSULTING OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2016

Transaction ID : SA11AI.4421.0

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM TFG CONSULTING

C. Full Name (Last, First, Middle Initial)
NELSON THIBODEAUX

Mailing Address 102 PARKGATE BLVD.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation
NELSON THIBODEAUX INSURANCE INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 49 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
JOHN TIEKEN Jr.

Mailing Address 100 HOLLYGROVE AVE.

City HOUMA State LA Zip Code 70360

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

Name of Employer MARINE SYS Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MARY TRENT

Mailing Address 212 RIVER RANCH BLVD.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TWH LTD.

Mailing Address 101 LA RUE FRANCE STE. 500

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
10800.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION BELOW & REDESIGNATION

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

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

11800.00

**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 50 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
ALLISON HOWARD

Mailing Address 101 LA RUE FRANCE
STE. 500

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer TWH, LTD. INC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4383.0

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM TWH, LTD

B. Full Name (Last, First, Middle Initial)
ALLISON HOWARD

Mailing Address 101 LA RUE FRANCE
STE. 500

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer TWH, LTD. INC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4383.1

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM TWH, LTD

C. Full Name (Last, First, Middle Initial)
TIMOTHY HOWARD

Mailing Address 101 LA RUE FRANCE
STE. 500

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer TWH LTD. INC. Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4383.2

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM TWH, LTD

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

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

0.00

**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 51 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
TIMOTHY HOWARD

Mailing Address 101 LA RUE FRANCE
STE. 500

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer TWH LTD. INC. Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11AI.4383.3

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP CONTRIBUTION FROM TWH, LTD

B. Full Name (Last, First, Middle Initial)
EMILY VAN LARE

Mailing Address 803 CLEARWATER DR.

City RICHARDSON State TX Zip Code 75080

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BRETT VENABLE

Mailing Address 117 BARTON TERRACE

City YOUNGSVILLE State LA Zip Code 70592

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

Name of Employer GAMBIT ENTERPRISES, LLC Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 52 OF 64
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
NANCI WALDO

Mailing Address 15270 WEST HOFFMAN RD.

City HAMMOND State LA Zip Code 70403

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SUSAN T WALLIS

Mailing Address 147 SANDY ACRES DR.

City QUITMAN State LA Zip Code 71268

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

Name of Employer ACADIANA MANAGEMENT GROUP Occupation DIRECTOR OF HEALTH INFORMATION MGM

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DAKOTA WELLS

Mailing Address 781 COUNTY ROAD 403

City FAYETTE State MO Zip Code 65248

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

Name of Employer HENTGES TREE SERVICE Occupation SUPERVISOR, ARBORIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 53 OF 64

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MACKENZIE WELLS

Mailing Address 781 COUNTY ROAD 403

City State Zip Code
 FAYEETE MO 65248

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

Name of Employer Occupation
 MIDWAYUSA ADMINISTRATIVE ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WETSMAN FORENSIC MEDICINE, LLC

Mailing Address 2014 W. PINHOOK RD.
 STE. 301

City State Zip Code
 LAFAYETTE LA 70508

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period
 5400.00

Memo Item
 SEE PARTNERSHIP ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
HOWARD WETSMAN

Mailing Address 2014 W. PINHOOK RD.
 STE. 301

City State Zip Code
 LAFAYETTE LA 70508

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

Name of Employer Occupation
 WETSMAN & KHM OWNER/PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4425.0

Amount of Each Receipt this Period
 2700.00

Memo Item
 PARTNERSHIP ATTRIBUTION FORM WETSMAN FORENSIC MEDICINE

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

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

5900.00

**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 54 OF 64 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
MICHAEL HANDLEY

Mailing Address 2014 W. PINHOOK RD.
STE. 301

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer WETSMAN & KHM Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.4425.1

Amount of Each Receipt this Period
2700.00

Memo Item
PARTNERSHIP ATTRIBUTION FROM WETSMAN FORENSIC MEDICINE

B. Full Name (Last, First, Middle Initial)
JOSEPH ZANCO

Mailing Address 119 HAMLET LN.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer HOME BANK Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JOSEPH ZANCO

Mailing Address 119 HAMLET LN.

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer HOME BANK Occupation CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2000.00

152794.88

**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 56 OF 64 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

A. Full Name (Last, First, Middle Initial)
AUGUST J IV RANTZ

Mailing Address **PO BOX 80053**

City **LAFAYETTE** State **LA** Zip Code **70598**

FEC ID number of contributing federal political committee. **C H6LA03122**

Name of Employer **ACADIANA MANAGEMENT GROUP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2016

Transaction ID : SA13A.4233

Amount of Each Receipt this Period
10000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
AUGUST J IV RANTZ

Mailing Address **PO BOX 80053**

City **LAFAYETTE** State **LA** Zip Code **70598**

FEC ID number of contributing federal political committee. **C H6LA03122**

Name of Employer **ACADIANA MANAGEMENT GROUP** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA13A.4176

Amount of Each Receipt this Period
240000.00

Memo Item
LOAN FROM CANDIDATE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

250000.00

250000.00

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

| | | | | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 64 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. ANEDOT, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 | | |
| Mailing Address PO BOX 84314 | | | Amount of Each Disbursement this Period 1420.64 | | |
| City BATON ROUGE | State LA | Zip Code 70884 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement MARCH CREDIT CARD PROCESSING FEES | | Category/ Type 001 | Transaction ID : SB17.4488 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF STUART BISHOP | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016 | | |
| Mailing Address PO BOX 80993 | | | Amount of Each Disbursement this Period 2000.00 | | |
| City LAFAYETTE | State LA | Zip Code 70508 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement SPONSORSHIP; BIRDIES FOR BISHOP GOLF TOURNAMENT | | Category/ Type 004 | Transaction ID : SB17.4666 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. AUGUST J RANTZ III | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016 | | |
| Mailing Address 111 ACOMB DR. | | | Amount of Each Disbursement this Period 1754.88 | | |
| City LAFAYETTE | State LA | Zip Code 70508 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement IN-KIND: FOOD & BEVERAGES FOR FUNDRAISER | | Category/ Type | Transaction ID : SB17.4678 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5175.52 |
| 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) | | PAGE 58 OF 64 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. AUGUST J IV RANTZ | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016 |
| Mailing Address PO BOX 80053 | | Amount of Each Disbursement this Period 972.78 |
| City LAFAYETTE State LA Zip Code 70598 | Purpose of Disbursement IN-KIND: FOOD & BEVERAGES FOR FUNDRAISER | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4565 |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. RUFFINO'S - BATON ROUGE | | Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2016 |
| Mailing Address 18811 HIGHLAND RD. | | Amount of Each Disbursement this Period 972.78 |
| City BATON ROUGE State LA Zip Code 70809 | Purpose of Disbursement ORIGINAL VENDOR FOR CANDIDATE IN-KIND | |
| Candidate Name | Category/Type | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Transaction ID : SB17.4566 |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | <input type="checkbox"/> Memo Item |
| 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)..... | 972.78 |
| TOTAL This Period (last page this line number only)..... | 6148.30 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GUS RANTZ FOR LOUISIANA** Transaction ID : **SC/10.4233**

LOAN SOURCE Full Name (Last, First, Middle Initial) **AUGUST J IV RANTZ** *PERSONAL FUNDS* Memo Item
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 80053

City State ZIP Code
LAFAYETTE LA 70598

| | | |
|-------------------------------------|------------------------------------|---------------------------------------------------------|
| Original Amount of Loan 10000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 10000.00 |
|-------------------------------------|------------------------------------|---------------------------------------------------------|

TERMS

Date Incurred: M 03 / D 19 / Y 2016
 Date Due: M / D / ON DEMAND
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--------------------------------------------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **GUS RANTZ FOR LOUISIANA** Transaction ID : **SC/10.4176**

LOAN SOURCE Full Name (Last, First, Middle Initial) **AUGUST J IV RANTZ** *PERSONAL FUNDS* Memo Item
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 80053
 City State ZIP Code
 LAFAYETTE LA 70598

| | | |
|--------------------------------------|------------------------------------|----------------------------------------------------------|
| Original Amount of Loan 240000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 240000.00 |
|--------------------------------------|------------------------------------|----------------------------------------------------------|

TERMS
 Date Incurred: M 03 / D 24 / Y 2016
 Date Due: M / D / Y ON DEMAND
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--------------------------------------------|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--------------------------------------------------------------|---|-----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 240000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 250000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
GUS RANTZ FOR LOUISIANA

| | | |
|---------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BURLAND AND ASSOCIATES, INC. | | Nature of Debt (Purpose): COMPLIANCE CONSULTING, REPORT PREPARATION & FILING |
| Mailing Address 742 NORTH 5TH ST. | | |
| City State | Zip Code | |
| BATON ROUGE | LA 70802 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4514 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="1000.00"/> | <input type="text" value="0.00"/> | <input type="text" value="1000.00"/> |

| | | |
|---------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BURLAND AND ASSOCIATES, INC. | | Nature of Debt (Purpose): COMPLIANCE CONSULTING, REPORT PREPARATION & FILING |
| Mailing Address 742 NORTH 5TH ST. | | |
| City State | Zip Code | |
| BATON ROUGE | LA 70802 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4516 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="1000.00"/> | <input type="text" value="0.00"/> | <input type="text" value="1000.00"/> |

| | | |
|-----------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DONALD HAINS | | Nature of Debt (Purpose): CAMPAIGN MANAGER (MAR 15-31) |
| Mailing Address 1899 CHEVELLE DRIVE | | |
| City State | Zip Code | |
| BATON ROUGE | LA 70806 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4672 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="3000.00"/> | <input type="text" value="0.00"/> | <input type="text" value="3000.00"/> |

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="5000.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

GUS RANTZ FOR LOUISIANA

| | | |
|--------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): GENERAL POLITICAL CONSULTING, PUBLIC RELATIONS, & ACCOUNT MANAGEMENT |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City State | Zip Code | |
| MANDEVILLE | LA 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4505 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="2413.79"/> | <input type="text" value="0.00"/> | <input type="text" value="2413.79"/> |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): FACEBOOK MEDIA PLACEMENT 2/16/16-2/19/16 |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City State | Zip Code | |
| MANDEVILLE | LA 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4507 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="750.00"/> | <input type="text" value="0.00"/> | <input type="text" value="750.00"/> |

| | | |
|--------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): DEVELOPMENT AND DESIGN OF CAMPAIGN LOGO |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City | State Zip Code | |
| MANDEVILLE | LA 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4508 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="1922.50"/> | <input type="text" value="0.00"/> | <input type="text" value="1922.50"/> |

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="5086.29"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

GUS RANTZ FOR LOUISIANA

| | | |
|--------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): PHOTO SHOOT FOR CAMPAIGN PHOTOS |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City State | Zip Code | |
| MANDEVILLE LA | 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4510 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="2883.90"/> | <input type="text" value="0.00"/> | <input type="text" value="2883.90"/> |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): SET UP CONGRESSIONAL CAMPAIGN WEBSITE |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City State | Zip Code | |
| MANDEVILLE LA | 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4511 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="4000.00"/> | <input type="text" value="0.00"/> | <input type="text" value="4000.00"/> |

| | | |
|--------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): SET UP CAMPAIGN EMAIL |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City State | Zip Code | |
| MANDEVILLE LA | 70471 | |

| | | |
|-------------------------------------------|-----------------------------------|---------------------------------------------|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.4512 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="750.00"/> | <input type="text" value="0.00"/> | <input type="text" value="750.00"/> |

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="7633.90"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

GUS RANTZ FOR LOUISIANA

| | | |
|--------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INNOVATIVE ADVERTISING, LLC | | Nature of Debt (Purpose): SET UP GRASSHOPPER FOR CAMPAIGN AND 10 MONTHS OF SERVICE |
| Mailing Address 4250 HIGHWAY 22 STE. 7 | | |
| City MANDEVILLE | State LA | Zip Code 70471 |

| | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.4517 | |
| Amount Incurred This Period <input type="text" value="515.63"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="515.63"/> |

| | | |
|-----------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOWRY'S PRINTING & COPYING | | Nature of Debt (Purpose): CAMPAIGN ENVELOPES AND CARD PRINTING |
| Mailing Address 2004 W. PINHOOK RD. | | |
| City LAFAYETTE | State LA | Zip Code 70508 |

| | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID : SD10.4523 | |
| Amount Incurred This Period <input type="text" value="853.71"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="853.71"/> |

| | | |
|------------------------------------------------------------------|-------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |

| | | |
|-------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|
| Outstanding Balance Beginning This Period <input type="text"/> | | |
| Amount Incurred This Period <input type="text"/> | Payment This Period <input type="text"/> | Outstanding Balance at Close of This Period <input type="text"/> |

| | |
|--------------------------------------------------------------------------------------------------|----------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="1369.34"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="19089.53"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="250000.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="269089.53"/> |