

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Gulf Coast Bank & Trust WAVE PAC

ADDRESS (number and street) 201 N CARROLLTON AVE

Check if different than previously reported. (ACC)

NEW ORLEANS LA 70119

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00496588

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Convention (12C)  Special (12S)

Election on 11 / 06 / 2018 in the State of LA

(d) 30-Day POST-Election Report for the:

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

Election on  /  /  in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

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

LITTLEFIELD, GARY, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer LITTLEFIELD, GARY, , , [Electronically Filed] Date 10 / 19 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Gulf Coast Bank & Trust WAVE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		15646.98
(b) Cash on Hand at Beginning of Reporting Period.....	22702.02	
(c) Total Receipts (from Line 19) .....	820.50	17575.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	23522.52	33222.52
7. Total Disbursements (from Line 31).....	2000.00	11700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21522.52	21522.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Gulf Coast Bank & Trust WAVE PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
10 / 17 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	820.50	11236.00
(ii) Unitemized .....	0.00	6282.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	820.50	17518.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	820.50	17518.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	57.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	820.50	17575.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	820.50	17575.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	11700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	11700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	820.50	17518.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	820.50	17518.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMOS, CATHERINE, , ,

Mailing Address 5420 ALPACA DRIVE

City MARRERO	State LA	Zip Code 70072
-----------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) OPERATIONS OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
147.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12210**

Amount of Each Receipt this Period  
7.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AROCHA, ROXANNE, , ,

Mailing Address 60 LONGWOOD DRIVE

City MARRERO	State LA	Zip Code 70072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) BRANCH MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12211**

Amount of Each Receipt this Period  
10.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BARTHOLOMEW, AUDREY, , ,

Mailing Address 2744 ACORN STREET

City MARRERO	State LA	Zip Code 70072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) LOAN SRVC SPECIALIST
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
63.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12212**

Amount of Each Receipt this Period  
3.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. BEHLAR, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2612 INGRID LANE  
 City METAIRIE State LA Zip Code 70003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 147.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12213**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**B. BENEFIELD, THOMAS RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73507 PLANTATION STREET  
 City COVINGTON State LA Zip Code 70435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12215**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. BOGGS, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15197 AMANDA DRIVE  
 City GONZALES State LA Zip Code 70737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12216**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. BORDELON, HART, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 UNIVERSITY DRIVE

City HAMMOND	State LA	Zip Code 70401
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MARKET PRESIDENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12217**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. BRAUD, CHERYL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 N. ATLANTA STREET

City METAIRIE	State LA	Zip Code 70003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) TRUST ADMINISTRATOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12218**

Amount of Each Receipt this Period  
1.00

Memo Item

**C. CALDWELL, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4843 CHESTNUT STREET

City NEW ORLEANS	State LA	Zip Code 70115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) VP COMPLIANCE/CR ADM
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12219**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. CARDEN, KARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4909 ALEXANDER DRIVE  
 City METAIRIE    State LA    Zip Code 70003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) LENDING PROJECT MANAGER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 147.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12253**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**B. CARPENTER, CATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30858 E. KNIGHT DRIVE  
 City DENHAM SPRINGS    State LA    Zip Code 70726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) UNDERWRITING MANAGER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12238**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. CARTER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 MADERA CT.  
 City KENNER    State LA    Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12256**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. CARVER, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 CARRIAGE LANE  
 City MANDEVILLE State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) HR DIRECTOR/VP GOV. RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12272**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. CRESCIONI, MONA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 METAIRIE HTS  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) EXECUTIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12240**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. CZERNIAK, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 WEBSTER STREET  
 City NEW ORLEANS State LA Zip Code 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) SR VP OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12285**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DASTE, JOEL, , , Sr.**

Mailing Address 6004 CANAL BLVD.

City NEW ORLEANS	State LA	Zip Code 70124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) DIVISION PRESIDENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12274**

Amount of Each Receipt this Period  
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DAVIS, CHRISTOPHER, , ,**

Mailing Address 2319 BRIXHAM AVE.

City ORLANDO	State FL	Zip Code 32828
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) CHIEF CREDIT OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12257**

Amount of Each Receipt this Period  
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DELGADO, IVETTE, , ,**

Mailing Address 3521 JUDY DRIVE

City MEREAX	State LA	Zip Code 70075
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MTG LOAN ORIGINATOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12258**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. DICKEY, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 FOREST OAKS DR.  
 City NEW ORLEANS State LA Zip Code 70131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) CONSUMER BANKING EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12284**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. FAGOT, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 COTTONWOOD COURT  
 City SLIDELL State LA Zip Code 70461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) QUALITY CONTROL MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12225**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**C. FALKENSTEIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 BEECHWOOD GARDENS DRIVE  
 City COVINGTON State LA Zip Code 70435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) EXEC VP COMMERCIAL LENDING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12275**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. FAMULARO, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 N. TURNBULL DR.  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12259**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. FERNANDEZ, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 LILLYBANK DRIVE  
 City BELLE CHASSE State LA Zip Code 70037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12276**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. FINN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 LEIGHTON STREET  
 City GRETNA State LA Zip Code 70053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) SENIOR CREDIT OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12281**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. FITTS, LAUREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 DUMAS WISE RD.  
 City CARRIERE State MS Zip Code 39426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BRANCH MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 63.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12235**  
 Amount of Each Receipt this Period 3.00  
 Memo Item

**B. GIONET, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6385 13TH AVE. S  
 City GULFPORT State FL Zip Code 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) OPERATIONS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12241**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. GUIDRY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 471 TOPAZ STREET  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) SALES DEVELOPMENT OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12271**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 20.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. HEIDEN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 OLIVE AVE  
 City HARVEY State LA Zip Code 70058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12260**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. HENDERSON, SHONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25612 ROSEDOWN DR  
 City DENHAM SPRINGS State LA Zip Code 70726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MORTGAGE LOAN PROCESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12226**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**C. HERRMANN, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 FOREST RIDGE BLVD  
 City PEARL RIVER State LA Zip Code 70452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) OPERATIONS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12261**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. HINGLE, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 YVONNE DRIVE  
 City AVONDALE State LA Zip Code 70094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) PROPERTY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 63.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12236**  
 Amount of Each Receipt this Period 3.00  
 Memo Item

**B. HLADKY, WADE MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1519 ARISTOCRAT DRIVE  
 City COVINGTON State LA Zip Code 70433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BC PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12277**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. HOLLIER, GREGORY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 METAIRIE COURT  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12278**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. HRUBES, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 JANET DRIVE  
 City ST. ROSE State LA Zip Code 70087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COST BANK & TRUST MORTGAGE LOAN ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 38.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12227**  
 Amount of Each Receipt this Period  
 2.00  
 Memo Item

**B. JACKSON-BLAKE, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 ROBBINS REST CIRCLE  
 City DAVENPORT State FL Zip Code 33896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COAST BANK & TRUST INVOICE PRO ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 21.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12220**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

**C. JENKINS, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10222 N. HARVEY DRIVE  
 City BATON ROUGE State LA Zip Code 70815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COAST BANK & TRST OPERATIONS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12246**  
 Amount of Each Receipt this Period  
 6.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. JONES, MILLICENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 GRAND CAYON DRIVE  
 City NEW ORLEANS State LA Zip Code 70131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) DR. OF EDUCATION SERV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12282**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. KENNEDY, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 HESPER AVE  
 City METAIRIE State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) TRUST OPS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12247**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

**C. KYLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 MAGNOLIA LANE  
 City SLIDELL State LA Zip Code 70461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12262**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. KYLE, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 MAGNOLIA LANE  
 City SLIDELL State LA Zip Code 70461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MGR SPECIAL ASSETS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 147.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12254**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

**B. LAVIERI, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1570 70TH STREET N  
 City ST. PETERSBURG State FL Zip Code 33710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 21.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12222**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. LIGGANS, ALFRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 E GREENBRIER DRIVE  
 City NEW ORLEANS State LA Zip Code 70128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) TRUST MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12264**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	18.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. LITTLEFIELD, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1165 MELANIE STREET

City Baton Rouge	State LA	Zip Code 70806
---------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MARKET PRESIDENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12286**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. LOPEZ, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113 BRADBURY DRIVE

City MERAUX	State LA	Zip Code 70075
----------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MGR SPECIAL ASSETS
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12242**

Amount of Each Receipt this Period  
5.00

Memo Item

**C. MAGGIO, JENNIFER DUPRE, Dupre, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 277 HEATHER DR

City MANDEVILLE	State LA	Zip Code 70471
--------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) BUSINESS SOLUTIONS MGR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
105.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2018

**Transaction ID : SA11AI.12243**

Amount of Each Receipt this Period  
5.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. MANDULA, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1355 BRIGHTWATERS BLVD., NE  
 City ST. PETERSBURG State FL Zip Code 33704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COAST BANK & TRUST CHIEF MARKETING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12287**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MANOUSIADES, THEODORUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 156TH TERRACE E  
 City PARISSH State FL Zip Code 34219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COAST BANK & TRUST ACCOUNT EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 21.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12223**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. NAVARRE, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 NAVARRE LN  
 City BELLE CHASSE State LA Zip Code 70037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GULF COAST BANK & TRUST RETAIL FINANCIAL REP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 147.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12255**  
 Amount of Each Receipt this Period 7.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. NICHOLS, LOUANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2940 PENWOOD DRIVE  
 City GRETNA State LA Zip Code 70056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) CALL CENTER SUPERVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12265**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. NUGENT, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 DONA AVENUE  
 City METAIRIE State LA Zip Code 70003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) LOAN PORTFOLIO MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12228**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**C. OGG, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6044 CAMP STREET  
 City NEW ORLEANS State LA Zip Code 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12266**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. OHMER, JENNIFER LEONARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 NEWTON STREET  
 City GRETNA State LA Zip Code 70053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) DR OF LOAN PORTFOLIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12248**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

**B. OUBRE, RENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 MARIE DR  
 City GRETNA State LA Zip Code 70053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12279**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. PATERNOSTRO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2653 DOVE AVE  
 City MARRERO State LA Zip Code 70072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) VP OF SPECIAL ASSETS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12267**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. PATTON, CHLOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1666 ABUNDANCE ST.  
 City NEW ORLEANS    State LA    Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) RELATIONSHIP BANKER I  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 21.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12224**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. QUEY, IAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2653 SEA SHORE DRIVE  
 City MARRERO    State LA    Zip Code 70072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) RELATIONSHIP BANKER I  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12244**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. RIESS, GUS, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2321 ROSETTA DR  
 City CHALMETTE    State LA    Zip Code 70043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST    Occupation (for Individual) MARKET PRESIDENT  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12249**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 12.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. ROY, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3312 CORRINE DRIVE  
 City CHALMETTE State LA Zip Code 70043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BRANCH MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 63.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12237**  
 Amount of Each Receipt this Period  
 3.00  
 Memo Item

**B. SCHEUERMANN, JOANI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 WEST PINEWOOD DR.  
 City SLIDELL State LA Zip Code 70458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12221**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

**C. SIMONS, SLADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 JEANETTE STREET  
 City NEW ORLEANS State LA Zip Code 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) EXEC VP WEALTH MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2018  
**Transaction ID : SA11AI.12280**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	24.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. SMITH, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2285 SERE STREET  
 City NEW ORLEANS State LA Zip Code 70122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMPLIANCE ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12229**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**B. SMITH, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 ROSA AVENUE  
 City METAIRIE State LA Zip Code 70005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) TRUST OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12268**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. SMITH, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 MORNINGSIDE DRIVE  
 City GRETNA State LA Zip Code 70056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MORTGAGE LOAN PROCESSOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12230**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. SPENCER, MICKEY TAYLOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 BATH STREET  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12269**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. TONDREAU, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4681 32ND AVE W  
 City ST. PETERSBURG State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) STAFF ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12231**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**C. TOSO, BRIEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 BROADWAY STREET  
 City NEW ORLEANS State LA Zip Code 70118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) OPERATIONS DEPT MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12232**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. UZEE, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5053 CRAIG AVENUE  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12273**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. VANDERBROOK, CHERYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1184 BROOK COURT  
 City MANDEVILLE State LA Zip Code 70448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12245**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. VAN HOVEN, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6168 CORBERT ST.  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12283**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. WARNER, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2316 CHALONA DRIVE  
 City CHALMETTE State LA Zip Code 70043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERICAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 126.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12250**  
 Amount of Each Receipt this Period 6.00  
 Memo Item

**B. WILLIAMS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 SWALLOW ST  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12288**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. WINCHESTER, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 MORALES STREET  
 City METAIRIE State LA Zip Code 70006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) APPRAISAL REVIEW REP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 42.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12233**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. WOOD, ALEX, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4240 ILLINOIS AVE  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12234**  
 Amount of Each Receipt this Period 2.00  
 Memo Item

**B. WRBA, STUART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1622  
 City CUMMINGS State GA Zip Code 30028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2018  
**Transaction ID : SA11AI.12270**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12.00
<b>TOTAL</b> This Period (last page this line number only).....	820.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Gulf Coast Bank & Trust WAVE PAC**

Full Name (Last, First, Middle Initial)

**A. GARRET GRAVES VICTORY FUND**

Mailing Address PO BOX 64845

City **BATON ROUGE** State **LA** Zip Code **70896**

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.12290**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RALPH ABRAHAM FOR CONGRESS**

Mailing Address P.O. BOX 270

City **ARCHIBALD** State **LA** Zip Code **71218**

Purpose of Disbursement  
General Election Contribution

Category/  
Type

Candidate Name  
**ABRAHAM, RALPH LEE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: **LA** District: **05**

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.12289**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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