

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

JINDAL FOR PRESIDENT

ADDRESS (number and street)

PO BOX 5101

Check if different than previously reported. (ACC)

Baton Rouge

CITY

LA

STATE

70821

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580159

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 07 / 01 / 2015

through

MM / DD / YYYY 09 / 30 / 2015

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

Rolfe McCollister

Signature of Treasurer

Rolfe McCollister

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

# JINDAL FOR PRESIDENT

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="513714.64"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="579438.39"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="1093153.03"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="832214.02"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="260939.01"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
13. EXPENDITURES SUBJECT TO LIMITATION .....	<input type="text" value="0.00"/>

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	<input type="text" value="1158091.90"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="897152.89"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

**JINDAL FOR PRESIDENT**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	499602.12	1013918.12
(ii) unitemized .....	74836.27	134278.78
(iii) Total contributions .....	574438.39	1148196.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	5000.00	10000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	579438.39	1158196.90
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	0.00
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	579438.39	1158196.90

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

PAGE 4 / 232

NAME OF COMMITTEE (in Full)

JINDAL FOR PRESIDENT

Report Covering the Period: From:

M M / D D / Y Y Y Y  
07 / 01 / 2015

To:

M M / D D / Y Y Y Y  
09 / 30 / 2015

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	832109.02	897152.89
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	105.00	105.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	105.00	105.00
29. OTHER DISBURSEMENTS .....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	832214.02	897257.89

**III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)**31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List) .....

0.00

FEC FORM 3P,  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00580159

JINDAL FOR PRESIDENT

ADDRESS (number and street)

PO BOX 5101

Baton Rouge

CITY

LA

STATE

70821

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Robert Dove</b> Mailing Address 28810 Holly Hill Drive City Spring State TX Zip Code 77381-1113 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/A Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<b>Transaction ID : ACABC908C31F5478885D</b> Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
--	--	---

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Richard Briggs</b> Mailing Address 5810 Woodland Falls Dr City Kingwood State TX Zip Code 77345-1825 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/A Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A82EB94736F024300A77</b> Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
---	--	---

<b>C.</b> Full Name (Last, First, Middle Initial) <b>John Condos</b> Mailing Address 4222 Locke Ln City Lake Charles State LA Zip Code 70605-3912 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Lake Area Legal, LLC Occupation Owner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A47809047B7434C0DB20</b> Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

**Subtotal Of Receipts This Page** (optional).....

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)

**Jamie Gregory**

Mailing Address 8 North Channel Drive

City	State	Zip Code
Wrightsville Beach	NC	28480-2716

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
Self Employed	comm real estate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Transaction ID : AC7F212253ED648F88CA

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2015

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)

**Duane Donner**

Mailing Address 3700 Overbrook Circle

City	State	Zip Code
Mountain Brk	AL	35213-4312

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
Founders Investment Banking	Investment Banking

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Transaction ID : A9E444D4C01B04219AE5

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2015

Amount of Each Receipt this Period  
2500.00

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

**Glade Smith**

Mailing Address 76575 Road 421

City	State	Zip Code
Cozad	NE	69130-3103

FEC ID number of contributing federal political committee.  C

Name of Employer	Occupation
Self Employed	Rancher/Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Transaction ID : A0DCF7A260CD94A59B1A

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2015

Amount of Each Receipt this Period  
300.00

Subtotal Of Receipts This Page (optional).....▶ 2900.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Brenda Mcvey**

Mailing Address 818 Lamar Street

City	State	Zip Code
Charleston	SC	29407-5773

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1829BF87E88B42FCB38**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Michael Choate**

Mailing Address 17724 Crossing Blvd

City	State	Zip Code
Baton Rouge	LA	70810-3839

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	CPA

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4A4EDC55F50741A58C6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Bonnie Plotkin**

Mailing Address 9 Canterbury Court Warren. Nj

City	State	Zip Code
Warren	NJ	07059-5152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Long Hill Township Board Of Education	Teacher

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A089E1977449B43A7A61**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Rajeev Agarwal**

Mailing Address 15446 Bel Red Road

City	State	Zip Code
Redmond	WA	98052-5501

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MAQ Software	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A58138A8111BB4A23B5A**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			04			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Roger Stillman**

Mailing Address 13757 Old El Camino Real

City	State	Zip Code
San Diego	CA	92130-3027

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Stillman Motor Company	Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A01AA616F0992470093C**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			04			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**James Tristani**

Mailing Address 904 Southern Dr

City	State	Zip Code
Bel Air	MD	21014-2527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Correct RX Pharmacy	Pharmacist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AAAB984795FD744C98DB**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			04			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Taylor Hazen</b>		<b>Transaction ID : AC0EC9EA276204F5D844</b>	
Mailing Address 88 West Paces Ferry Rd Unit 1420		Date of Receipt	
City Atlanta State GA Zip Code 30305-1457		M M / D D / Y Y Y Y 07 / 04 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer CTSI-Global Occupation Business Analyst Intern		<b>500.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>500.00</b>	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Eleanor O'Marra</b>		<b>Transaction ID : A3BB0E64CC51546A6BDE</b>	
Mailing Address 1641 Glass Pool Ave.		Date of Receipt	
City Henderson State NV Zip Code 89002-9376		M M / D D / Y Y Y Y 07 / 04 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer N/A Occupation Retired		<b>250.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>250.00</b>	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Roger Irvin</b>		<b>Transaction ID : A8A322565D593432589F</b>	
Mailing Address 1055 Foxhaven Dr		Date of Receipt	
City Ashland State OH Zip Code 44805-9591		M M / D D / Y Y Y Y 07 / 04 / 2015	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer N/A Occupation Retired		<b>1000.00</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>Subtotal Of Receipts This Page</b> (optional).....	<b>1750.00</b>
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Phillip Wint**

Mailing Address 1502 S 13Th St

City	State	Zip Code
Chickasha	OK	73018-5636

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1B0281386EAA4D27ABB**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Joyce White**

Mailing Address 5505 Birdie Circle

City	State	Zip Code
Waco	TX	76708-5709

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A991C9B4973704D36835**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Gayle Benson**

Mailing Address 5800 Airline Dr.

City	State	Zip Code
Metairie	LA	70003-3876

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ABE2B12F5BF674869974**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 14 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**William Borne**

Mailing Address 10112 Wood Duck Dr

City	State	Zip Code
Baton Rouge	LA	70817-8117

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1BB0B3DA177C40C1902**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Swatloski**

Mailing Address 1318 Andre St Apt 406

City	State	Zip Code
New Iberia	LA	70563-2151

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A209A8B9E24C74D6E813**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Terry Kohler**

Mailing Address 630 Riverfront Drive  
Suite 200

City	State	Zip Code
Sheboygan	WI	53081-4629

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Windway Capital Corporation	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7C2055C6CD464947AE3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 232				
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Ashley Boyd**

Mailing Address **5 Wood Duck Lane**

City **Mandeville** State **LA** Zip Code **70471-2975**

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

Name of Employer **Staines & Eppling** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A3CAE62B262EC455FA76**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2015**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert A. Rayford**

Mailing Address **2230 S MacArthur Dr**

City **Alexandria** State **LA** Zip Code **71301-3057**

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

Name of Employer **Rayford Enterprises** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A7390A328853E4C548DB**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2015**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address **2034 E. Evergreen St.**

City **Gonzales** State **LA** Zip Code **70737-4913**

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

Name of Employer **Chef John Folsie & Co** Occupation **Chef**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AE0EFE009686143FDAAB**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 07 / 2015**

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional)..... 8100.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:  
(check only one)

PAGE 16 / 232

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

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

**Dale Brott**

Mailing Address 1850 Raber Road

City

Uniontown

State

OH

Zip Code

44685-8841

 FEC ID number of contributing  
federal political committee.

C

 Name of Employer  
DRB Systems

 Occupation  
Computer Software

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : A121B5F15E4964B16979

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

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

**Paul Isaac**

Mailing Address 75 Prospect Ave.

City

Larchmont

State

NY

Zip Code

10538-3634

 FEC ID number of contributing  
federal political committee.

C

 Name of Employer  
Arbiter Partners Capital Management, L

 Occupation  
Analyst

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : A7A750B5E9EA24ED69DA

Date of Receipt

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

Amount of Each Receipt this Period

2700.00

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

**Donald Palmisano**

Mailing Address 5000 West Esplanade Ave #432

City

Metairie

State

LA

Zip Code

70006-2551

 FEC ID number of contributing  
federal political committee.

C

 Name of Employer  
Donald J Palmisano Consulting

 Occupation  
Physician

Receipt For: 2016

 Primary
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : A92D02406A9B242C19FB

Date of Receipt

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

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

4700.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Kohler**

Mailing Address P.O. box 897

City State Zip Code  
Sheboygan WI 53082-0897

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

Name of Employer Occupation  
Windway Capital Corp Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AE1EA41764EE54A83A58**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Benson**

Mailing Address No. 16 Audubon Place

City State Zip Code  
New Orleans LA 70118

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

Name of Employer Occupation  
New Orleans Saints Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A8D5EDF1126FF47F69DA**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Myron Feiock**

Mailing Address 4519 83Rd PI Nw

City State Zip Code  
Tulalip WA 98271-9654

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

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : A1C7E84EADEDF41B39E0**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2015

Amount of Each Receipt this Period  
250.00

**Subtotal Of Receipts This Page** (optional).....▶ 5650.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

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

Mailing Address 4206 N. Hickory Lane

City	State	Zip Code
Kansas City	MO	64116-1600

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A34CDB5588E924EE69B5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Louise Tritt**

Mailing Address 4206 N. Hickory Lane

City	State	Zip Code
Kansas City	MO	64116-1600

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Homemaker

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A22C7DE68316F404285D**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Alex Castellanos**

Mailing Address 399 N. Quaker Ln

City	State	Zip Code
Alexandria	VA	22304-1822

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
National Media	Advertising

Receipt For: 2016  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ACA603518CAF24F3791F**

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**James Mischel**

Mailing Address 16222 67th Ave. NE

City	State	Zip Code
Arlington	WA	98223-7510

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Electric Mirror	Chairman & VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A81B297C9E2BC4C6EB6A**

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Nicolas Bazan**

Mailing Address 478 Broadway

City	State	Zip Code
New Orleans	LA	70118-3553

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LSUHSC	Neuroscientist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A0F98D6E880724B5D9DC**

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Haydee Bazan**

Mailing Address 478 Broadway

City	State	Zip Code
New Orleans	LA	70118-3553

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LSUHSC	PHD Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1EC860C4AD1A4203B5B**

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 / 232

(check only one)

<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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)

**JINDAL FOR PRESIDENT****A.** Full Name (Last, First, Middle Initial)**Teddy Price**

Mailing Address P.O. Box 1438

City	State	Zip Code
Winnfield	LA	71483-1438

FEC ID number of contributing federal political committee. Name of Employer  
Central Management Company, LLCOccupation  
CEOReceipt For: 2016  
 Primary  General  
 Other (specify) ▼Election Cycle-to-Date ▼  
**Transaction ID : AE2F6C22274EB45129EC**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)**Wayne Sagrera**

Mailing Address 12906 Community Rd.

City	State	Zip Code
Abbeville	LA	70510-0301

FEC ID number of contributing federal political committee. Name of Employer  
Vermilion Gator Farm, Inc.Occupation  
Alligator DealerReceipt For: 2016  
 Primary  General  
 Other (specify) ▼Election Cycle-to-Date ▼  
**Transaction ID : AA3A2640A3ED14209BC1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)**Sivakumari Chalasani**

Mailing Address 19411 N. Murifield Cir

City	State	Zip Code
Baton Rouge	LA	70810-5986

FEC ID number of contributing federal political committee. Name of Employer  
Self EmployedOccupation  
PhysicianReceipt For: 2016  
 Primary  General  
 Other (specify) ▼Election Cycle-to-Date ▼  
**Transaction ID : AF8580065F1484ACAFA**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....**Total This Period (last page this line number only)**.....

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**S Rao Chalasani**

Mailing Address 19411 N. Muirfield Dr.

City State Zip Code  
Baton Rouge LA 70810-5986

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ABD211875881D4F75A60**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Novak**

Mailing Address 6043 N. 42nd St.

City State Zip Code  
Paradise Valley AZ 85253-3909

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ADF9A801C55154A83B7F**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Rose Sagraera**

Mailing Address 12906 Community Rd

City State Zip Code  
Abbeville LA 70510-0301

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A233BFDBA219B4AB195A**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 22 / 232

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)

**Charles Light**

Mailing Address 218 Ne 5Th St

City

Grangeville

State

ID

Zip Code

83530-1802

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : A235EAF7CC636457AB52**

Date of Receipt

MM / DD / YYYY  
07 / 14 / 2015

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)

**Edward Trimnell**

Mailing Address 989 Burgess Ct

City

Cincinnati

State

OH

Zip Code

45245-7022

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : AAD1144814FF6418FAE2**

Date of Receipt

MM / DD / YYYY  
07 / 14 / 2015

Amount of Each Receipt this Period

500.00

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

**Susan Price**

Mailing Address P.O. Box 1438

City

Winnfield

State

LA

Zip Code

71483-1438

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : AC9F1CCE53BDD46899BE**

Date of Receipt

MM / DD / YYYY  
07 / 14 / 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....

3500.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 13435 W 60Th Pl

City	State	Zip Code
Arvada	CO	80004-4169

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A084184B7F4E04CCB966**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Kirk Wills**

Mailing Address 2120 Capitol St., Apt. 3329

City	State	Zip Code
Houston	TX	77003-3145

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. Citizenship & Immigration Service	Supervisory Asylum Officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A92F8BA12BB604BA2B57**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Uday Jain**

Mailing Address 505 Chateau Dr

City	State	Zip Code
Hillsborough	CA	94010-6501

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self	Md

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD50B490902C2453CA7D**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Matthew Furman</b>		<b>Transaction ID : A7CEE456B859D4E1F97F</b>
Mailing Address 225 West 84Th Street, New York, Ny		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2015
City State Zip Code New York NY 10024-4605		
FEC ID number of contributing federal political committee.	C	
Name of Employer Willis Group	Occupation Attorney	Amount of Each Receipt this Period 2700.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Augustine Papali</b>		<b>Transaction ID : A4545873ACCF14DD0878</b>
Mailing Address 4410 Briarwood Ct. N. Apt. 18		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2015
City State Zip Code Annandale VA 22003-4779		
FEC ID number of contributing federal political committee.	C	
Name of Employer Randstad	Occupation Technical Writer	Amount of Each Receipt this Period 100.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>John Campbell</b>		<b>Transaction ID : A2586349A22204C86856</b>
Mailing Address 301 E. Edgewood Dr.		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2015
City State Zip Code Newberg OR 97132-9177		
FEC ID number of contributing federal political committee.	C	
Name of Employer N/a	Occupation Retired	Amount of Each Receipt this Period 100.00
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 2900.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**William Fenstermaker**

Mailing Address 135 Regency Square

City	State	Zip Code
Lafayette	LA	70508-4221

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
C. H. Fenstermaker & Associates, Inc.	Chairman/Ceo

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A37A08C00D7A0472AA27**

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

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**David Swain**

Mailing Address 10 Centimeters Drive

City	State	Zip Code
Mauldin	SC	29662-3278

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Obhg	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4450B73D434147AE9EF**

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Myron Feiock**

Mailing Address 4519 83Rd PI Nw

City	State	Zip Code
Tulalip	WA	98271-9654

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A2C506AC9B7224370955**

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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

## SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 232

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Joey Auer**

Mailing Address 9605 Jefferson Hwy Suite I-118

City	State	Zip Code
New Orleans	LA	70123-2550

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

Name of Employer Datatek, Inc.	Occupation President
-----------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  

2700.00

**Transaction ID : AA29D95002A454B1287F**

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger Stevens**

Mailing Address 1474 Plum Tree Road

City	State	Zip Code
Bettendorf	IA	52722-7198

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

Name of Employer Toshiba America Medical Systems	Occupation CSE
---	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  

250.00

**Transaction ID : A4E5DF794321B463AAD7**

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward Smith**

Mailing Address 6109 Stonehaven Drive

City	State	Zip Code
Nashville	TN	37215-5613

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

Name of Employer N/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  

217.76

**Transaction ID : AE6CF9A5E95824B46B97**

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page** (optional)..... 
3050.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 27 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Carl Shetler**

Mailing Address 3 Fairway Dr

City	State	Zip Code
Lake Charles	LA	70605-5901

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Shetler Rental Service	Owner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7227B1DF01A944F4B82**

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Mary Van Meter**

Mailing Address 17 Carriage Ln

City	State	Zip Code
New Orleans	LA	70114-6724

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Unknown

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB10D11EBC9B0451CB16**

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Dr. Keith Van Meter M.D.**

Mailing Address 17 Carriage Ln

City	State	Zip Code
New Orleans	LA	70114-6724

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Emergency Care Physician

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1DA9399FB4C14DF9852**

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 28 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Rosie Shetler**

Mailing Address 3 Fairway Drive

City State Zip Code  
Lake Charles LA 70605-5901

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AFBE81C73EBF846C39D8**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Don Burts**

Mailing Address 109 Ravenswood Ln

City State Zip Code  
Lafayette LA 70508-6663

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
M & D Industries Of La, Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD679C87FC90F42B8B6F**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Ms. Darrellyn Burts**

Mailing Address 109 Ravenswood Ln

City State Zip Code  
Lafayette LA 70508-6663

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
M & D Industries Of La, Inc. Director

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB4CB7749E3EC42FE9BC**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Kirk Wills**

Mailing Address 2120 Capitol St., Apt. 3329

City	State	Zip Code
Houston	TX	77003-3145

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

Name of Employer	Occupation
U.S. Citizenship & Immigration Service	Supervisory Asylum Officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

**Transaction ID : A5BD9B4AFECB64201B03**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			25			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer Mallory**

Mailing Address 40 Calle Cristiano

City	State	Zip Code
Santa Fe	NM	87508-2142

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

Name of Employer	Occupation
Mallory Landscape and Design	Landscape Designer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

**Transaction ID : AED05D98A02B64DC5ADA**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Si Brown III**

Mailing Address 105 W. Santa Clara

City	State	Zip Code
New Iberia	LA	70560-1034

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

Name of Employer	Occupation
Bruce Foods Corporation	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : A3562463B2B0349A7BAE**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3050.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 30 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Charles Valluzzo**

Mailing Address 7077 S. Choctaw Dr.

City	State	Zip Code
Baton Rouge	LA	70806-1353

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
McDonald's of Baton Rouge	Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD5BFEFAC117C49F5AB7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Jerome Bolick**

Mailing Address P.O.Box 307

City	State	Zip Code
Conover	NC	28613-0307

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AC0EFCD05A8594EEB836**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

**Nancy Valluzzo**

Mailing Address 7077 S. Choctaw Dr.

City	State	Zip Code
Baton Rouge	LA	70806-1353

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A27B589719EFA4904924**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 31 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Patricia Serio**

Mailing Address 20134 Damerl Dr

City	State	Zip Code
Covina	CA	91724-3937

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A38084493F5544FD5AC3**

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Richard Adkerson**

Mailing Address 333 North Central Avenue

City	State	Zip Code
Phoenix	AZ	85004-2121

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Freeport McMoran	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AEE775956E4FA452EA36**

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Frank Banta**

Mailing Address 1247 Highway 75  
Broo

City	State	Zip Code
Sunshine	LA	70780-3108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Chem Carriers Llc	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AF07124A4FFBF4C3DB3D**

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 32 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**George Cusack**

Mailing Address Hc 66 Box 530

City Mountainair State NM Zip Code 87036-9413

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A18D2D424522149A7A2F**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Richard Korpan**

Mailing Address 31483 Morning Star Dr.

City Evergreen State CO Zip Code 80439-7969

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1BC8CAD36F634306A48**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

**David Hall**

Mailing Address 3103 Kent Street

City Kensington State MD Zip Code 20895-3208

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AE93D12B80A644EBB86A**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 33 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mary Alison Knighton</b> Mailing Address 12958 Trail Hollow Dr. City Houston State TX Zip Code 77079-3708 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>750.00</b>		<b>Transaction ID : AAC6A2DAC31884099A2D</b> Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015 Amount of Each Receipt this Period <b>750.00</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Diane Hartzell</b> Mailing Address 4508 San Juan Avenue City Anacortes State WA Zip Code 98221-1100 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>350.00</b>		<b>Transaction ID : ACEC9A823EEC74DF5B36</b> Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2015 Amount of Each Receipt this Period <b>250.00</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Edward Smith</b> Mailing Address 6109 Stonehaven Drive City Nashville State TN Zip Code 37215-5613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period <b>317.76</b>		<b>Transaction ID : A5E3A1943DBC4A748E0</b> Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2015 Amount of Each Receipt this Period <b>100.00</b>

**Subtotal Of Receipts This Page** (optional)..... **1100.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 34 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Stephen Bowen**

Mailing Address 7 Birchwood Park Place

City	State	Zip Code
Spring	TX	77382-2027

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Shale Support	Management

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD041EE44F3E64E6B8DA**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			01			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**John Campbell**

Mailing Address 301 E. Edgewood Dr.

City	State	Zip Code
Newberg	OR	97132-9177

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A979B1F2734DC4BCB9E6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

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

**Miles Williams**

Mailing Address 10711 Thistlewood Drive

City	State	Zip Code
Baton Rouge	LA	70810-2906

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Sigma Consulting Group, Inc.	Civil Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A50AC0B1982EB47068B7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 35 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)

**Stephanie Bruno**

Mailing Address 855 Baronne Street

City	State	Zip Code
New Orleans	LA	70113-1152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A34CB4F7ADBC14B518E5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)

**Al Baumer**

Mailing Address 2424 Eden Born Suite 510

City	State	Zip Code
Metairie	LA	70001-6445

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Baumer Foods	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A02D8CE8604904E27BB3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Penny Baumer**

Mailing Address 2424 Eden Born Suite 510

City	State	Zip Code
Metairie	LA	70001-6445

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Baumer Foods	CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1C8C1B03624A4AE896D**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Bruno**

Mailing Address 855 Baronne Street

City	State	Zip Code
New Orleans	LA	70113-1152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Joseph M. Bruno, Apic	Attorney At Law

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7C8E283560F844C2B0F**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Sandra St. Romain**

Mailing Address Po Box 98

City	State	Zip Code
Mansura	LA	71350-0098

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
St. Romain Oil	Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ACD8A1CD7A4CC4A18B9C**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Todd St. Romain**

Mailing Address Po Box 98

City	State	Zip Code
Mansura	LA	71350-0098

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
St. Romain Oil	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A332F2C3C15F34C989DA**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 37 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frank B. Stewart Jr.**

Mailing Address 5860 Bellaire Drive  
Ste 160

City State Zip Code  
New Orleans LA 70124-1104

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

Name of Employer Occupation  
Self Employed Entrepreneur

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : A063E97E989D24FF68E2**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 03 / 2015

Amount of Each Receipt this Period

2000.00

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

Mailing Address 3610 Valihi Way Apt B

City State Zip Code  
Glendale CA 91208-3525

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

Name of Employer Occupation  
WDI Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : A439956C2073142B7BAF**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 04 / 2015

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Roy Pickren**

Mailing Address 12429 Lake Sherwood South

City State Zip Code  
Baton Rouge LA 70816-4455

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

Name of Employer Occupation  
Crescent Technology President & Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A507835A294754491BFC**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 4950.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 38 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jay Charles Smith**

Mailing Address 911 Morgan Bluff Rd

City	State	Zip Code
Pearl River	LA	70452-3832

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Crescent Technology	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A45BC6DD0404E4A79908**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Karen Pickren**

Mailing Address 12429 Lake Sherwood South

City	State	Zip Code
Baton Rouge	LA	70816-4455

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A09571D8C4C1B48DAB31**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period

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

Mailing Address 1055 Hopewell Dr.

City	State	Zip Code
Allen	TX	75013-5621

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
self	Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4DF1C83E7D644FF19A3**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Tammy Orgeron</b> Mailing Address Po Box 850  City Galliano State LA Zip Code 70354-0850  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Montco Offshore, Inc. Occupation Clerical  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : ABB4A670276A04CCE93B</b> Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2015  Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Lee Orgeron</b> Mailing Address Po Box 850  City Galliano State LA Zip Code 70354-0850  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Montco Offshore, Inc. Occupation President  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A6823F98DEEDE4032AB3</b> Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2015  Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Mark Owen</b> Mailing Address 646 Millicent Way  City Shreveport State LA Zip Code 71106-5941  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Owen Engineering, LLC Occupation Owner  Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A3C7D776E00934181BDA</b> Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2015  Amount of Each Receipt this Period <input type="text" value="500.00"/>
--	--	---

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 40 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Lee Amedee**

Mailing Address 2111 S. Burnside Ave

City State Zip Code  
Gonzales LA 70737-4669

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

Name of Employer Occupation  
Louisiana Senate State Senator

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

**Transaction ID : A56A4E187BEBF4244A7E**

Date of Receipt

M M / D D / Y Y Y Y  
08 05 2015

Amount of Each Receipt this Period

2000.00

**B. Full Name (Last, First, Middle Initial)**

**Andrew Guinn**

Mailing Address 4305 Canal Place Dr.

City State Zip Code  
Lake Charles LA 70605-3360

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

Name of Employer Occupation  
Port Aggregates President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A33B6D0AEEE4A47A0BAE**

Date of Receipt

M M / D D / Y Y Y Y  
08 06 2015

Amount of Each Receipt this Period

2700.00

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

**Jessica Chatelain**

Mailing Address 2130 Beau Bassin Road

City State Zip Code  
Carencro LA 70520-5937

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

Name of Employer Occupation  
Self Employed Property Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A587596499E914EE79F1**

Date of Receipt

M M / D D / Y Y Y Y  
08 06 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....▶ 7400.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 41 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Greg Robel Mailing Address 1200 Grant Ave S #V305 City Renton State WA Zip Code 98055-6045 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Boeing Research & Technology Occupation Mathematician Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/>		<b>Transaction ID : A67E26288A775454BAE6</b> Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>
--	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> Kelly Guinn Mailing Address 4305 Canal Place Dr City Lake Charles State LA Zip Code 70605-3360 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Pharmacist Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AACFD62C8DCB042D38E6</b> Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/> Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>
---	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Mr. Charles Chatelain Mailing Address 2130 Beau Bassin Road City Carencro State LA Zip Code 70520-5937 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Delta Media Corp. Occupation Broadcaster Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AB9E6FBDFAE24234822</b> Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/> Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>
--	--	---

**Subtotal Of Receipts This Page (optional)**.....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Augustine Papali**

Mailing Address 4410 Briarwood Ct. N. Apt. 18

City Annandale State VA Zip Code 22003-4779

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

Name of Employer **Randstad** Occupation **Technical Writer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : AD7A9BCBE684E415DAA8**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2015

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Earnest Mathis**

Mailing Address 5808 S. Rapp St Ste 205

City Littleton State CO Zip Code 80120-1942

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

Name of Employer **N/a** Occupation **Self Employed**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : ADD7E659525404520ACE**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2015

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jason Brady**

Mailing Address P.O. Box 1851

City Mandeville State LA Zip Code 70470-1851

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

Name of Employer **self** Occupation **IT**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
290.00

**Transaction ID : A310DE03DD19142BDBE3**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 09 / 2015

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page** (optional).....▶ 1350.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Sara Drummond Mailing Address 14852 Cr 1099 City Montalba State TX Zip Code 75853-4108 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A10E182D03A614036BDD</b> Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
--	--	---

<b>B. Full Name (Last, First, Middle Initial)</b> Steve Starr Mailing Address 6935 Nw White Pine Circle City Kansas City State MO Zip Code 64152-7103 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Meritas Health Occupation Physician Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<b>Transaction ID : AC2ABA6FBB32147CA955</b> Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
--	--	---

<b>C. Full Name (Last, First, Middle Initial)</b> John Campbell Mailing Address 301 E. Edgewood Dr. City Newberg State OR Zip Code 97132-9177 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		<b>Transaction ID : AD8D1D1AEA43C4FD78F9</b> Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2015 Amount of Each Receipt this Period <input type="text" value="25.00"/>
---	--	--

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 44 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Gaye Hollingsworth**

Mailing Address 7122 Moniteau Court

City	State	Zip Code
Baton Rouge	LA	70809-1163

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

Name of Employer	Occupation
Hollingsworth Richards Auto Group	Auto Dealer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : A59FAFDC1962A4C43AF0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mike Hollingsworth**

Mailing Address 7122 Moniteau Court

City	State	Zip Code
Baton Rouge	LA	70809-1163

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

Name of Employer	Occupation
Hollingsworth Richards Auto Group	Owner/Partner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : A3EC572C2FACD4FDE979**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			13			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

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

Mailing Address 601 Poydras Street Suite 2220

City	State	Zip Code
New Orleans	LA	70130-6045

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

Name of Employer	Occupation
Model Software	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : AB4587771DD5F47C8910**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 8100.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

JINDAL FOR PRESIDENT

**A.** Full Name (Last, First, Middle Initial)

Jamie Gregory

Mailing Address 8 North Channel Drive

City: Wrightsville Beach      State: NC      Zip Code: 28480-2716

FEC ID number of contributing federal political committee:

Name of Employer: Self Employed      Occupation: comm real estate

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Transaction ID : AA73BEA0C925E422FBFA

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

Liz Sanders

Mailing Address 17331 Masters Pt Ct

City: Baton Rouge      State: LA      Zip Code: 70810-5917

FEC ID number of contributing federal political committee:

Name of Employer: Orion Instruments      Occupation: HR Manager

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Transaction ID : A097407130F0E46818D9

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

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

Kirk Wills

Mailing Address 2120 Capitol St., Apt. 3329

City: Houston      State: TX      Zip Code: 77003-3145

FEC ID number of contributing federal political committee:

Name of Employer: U.S. Citizenship & Immigration Service      Occupation: Supervisory Asylum Officer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼

Transaction ID : AC4C4871D79A0433289D

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**James H. Ballengee**

Mailing Address 6617 Golf Dr

City	State	Zip Code
Dallas	TX	75205-1211

FEC ID number of contributing federal political committee.

Name of Employer Ballengee Interests	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AEF791E60DAB4C97BE3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dino D Chouest**

Mailing Address PO Box 310

City	State	Zip Code
Galliano	LA	70354-0310

FEC ID number of contributing federal political committee.

Name of Employer Edison Chouest Offshore	Occupation Businessman
---	---------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A429483F52A4244DB86C**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Ross Chouest**

Mailing Address 16201 E Main St

City	State	Zip Code
Galliano	LA	70354

FEC ID number of contributing federal political committee.

Name of Employer Edison Chouest Offshore	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A45D250421963470ABEF**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 47 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Ungarino**

Mailing Address 242 W. Livingston Pl.

City	State	Zip Code
Metairie	LA	70005-3950

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Ungarino&Eckert, Llc	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB40717FE6C944430B66**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="99.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Matthew Ungarino**

Mailing Address 242 W. Livingston Pl.

City	State	Zip Code
Metairie	LA	70005-3950

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Ungarino&Eckert, Llc	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AC5DB799FE01343A89FB**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2200.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Alexandra Heyde-Ballengee**

Mailing Address 6617 Golf Dr.

City	State	Zip Code
Dallas	TX	75205-1211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
3D Spine, LLC	Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ADD5EDBB1DDB642A3B46**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**William G. Yates Jr.**

Mailing Address PO Box 456

City Philadelphia State MS Zip Code 39350-0456

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

Name of Employer The Yates Companies, Inc. Occupation President/Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A1E44C8632E284A26956**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Julie Ungarino**

Mailing Address 242 W Livingston Pl

City Metairie State LA Zip Code 70005-3950

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

Name of Employer N/a Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AD5C68F82A8004AE5AB5**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Tiffany E. Mullen**

Mailing Address Po Box 1363

City Houma State LA Zip Code 70361-1363

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

Name of Employer N/a Occupation N/a

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A739AA5FFE90249C5A8C**

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 8100.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 49 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Mrs. Nancy Yates**

Mailing Address P.O. Box 456

City	State	Zip Code
Philadelphia	MS	39350-0456

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4DC903F96459423CA07**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Damon C Chouest**

Mailing Address PO Box 310

City	State	Zip Code
Galliano	LA	70354-0310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Edison Chouest Offshore	Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1415DA0EBD584E5B966**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Dionne R Chouest Austin**

Mailing Address PO Box 310

City	State	Zip Code
Galliano	LA	70354-0310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Edison Chouest Offshore	General Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AA6D3F25A21A7429986F**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Casey Chouest Mailing Address PO Box 310 City Galliano State LA Zip Code 70354-0310 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Edison Chouest Offshore Occupation Principal Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AF228BF4F611C485481B</b> Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> Chet Morrison Mailing Address Po Box 1363 City Houma State LA Zip Code 70361-1363 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Chet Morrison Contractors, Inc. Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AA2206736D0AF43E5993</b> Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Mr. Bob Miller Mailing Address Po Box 3616 City Morgan City State LA Zip Code 70381-3616 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Major Equipment & Remediation Occupation President Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A0F9020CB721146F69AE</b> Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 51 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Shannon Mckernan**

Mailing Address 7059 Moniteau Ct.

City	State	Zip Code
Baton Rouge	LA	70809-1162

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A9D2DC0F5D5B8441CBA6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Frances Miller**

Mailing Address Po Box 3616

City	State	Zip Code
Morgan City	LA	70381-3616

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A125CBDBBC2DD4F56AD5**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Nathan Wall**

Mailing Address 26858 Hwy 1037

City	State	Zip Code
Springfield	LA	70462-8926

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Wall's Gator Farm	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5CCF4CF030DD44FD8D2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 52 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Gordon J. Mckernan**

Mailing Address 7059 Moniteau Ct

City	State	Zip Code
Baton Rouge	LA	70809-1162

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A59C3D4C1DDEE74D72AFE**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Craig Greene**

Mailing Address 17171 Highland Road

City	State	Zip Code
Baton Rouge	LA	70810-3802

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A52B434112AF646BFAE3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Gerald McGovern**

Mailing Address 555 California Street

City	State	Zip Code
San Francisco	CA	94104-1503

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Sidley Austin	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AC424383525074025966**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Richard Rogers Mailing Address 2417 Fuller Rd. City West Des Moines State IA Zip Code 50265-5603 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A40878FBA416C4224B2D</b> Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
---	--	---

<b>B. Full Name (Last, First, Middle Initial)</b> Cece Stuller Mailing Address 1213 Terrace Hwy City Broussard State LA Zip Code 70518-7643 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Homemaker Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A3646BA97D21F41398BE</b> Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Leslie Mcguire Mailing Address 19335 N. 9Th St City Covington State LA Zip Code 70433-8801 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Housewife Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A361D1E040B0D466FA4E</b> Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 54 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Jerry Martin**

Mailing Address 1415 Meandro Ria

City State Zip Code  
McKinney TX 75069-9192

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5CE76DCFF8124A45983**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Charles Light**

Mailing Address 218 Ne 5Th St.

City State Zip Code  
Grangeville ID 83530-1802

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A35179F20FFC34062B23**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

**John Tharp**

Mailing Address 840 Stoney Battery Rd

City State Zip Code  
Troutville VA 24175-7527

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1F8D56DCD7664AD19C1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER: (check only one)	PAGE 55 / 232
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>David Cagnolatti</b> Mailing Address 17423 Deerpath Court City State Zip Code Prairieville LA 70769-4038 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Phillips 66 manager Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>			<b>Transaction ID : A7F55388467624B1BAF5</b> Date of Receipt <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Matthew Stuller</b> Mailing Address 1213 Terrace Hwy City State Zip Code Broussard LA 70518-7643 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Stuller, Inc. Executive Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			<b>Transaction ID : A9EE0EC9CCE5E4B9195F</b> Date of Receipt <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="2700.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Michael McGuire</b> Mailing Address 19335 N. 9Th St City State Zip Code Covington LA 70433-8801 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Triple Net Lease Partner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			<b>Transaction ID : AAF88A775AE0948F3809</b> Date of Receipt <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="2700.00"/>

**Subtotal Of Receipts This Page (optional)** .....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Kirk Wills**

Mailing Address 2120 Capitol St., Apt. 3329

City	State	Zip Code
Houston	TX	77003-3145

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. Citizenship & Immigration Service	Supervisory Asylum Officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A71F3FE7C64A348E2BBE**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Karen Wall**

Mailing Address 26858 Hwy 1037

City	State	Zip Code
Springfield	LA	70462-8926

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4F0F6E511A104C928F3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Paulette Stewart**

Mailing Address 5860 Bellaire Dr

City	State	Zip Code
New Orleans	LA	70124-1104

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A61AB7E0C3C034E65956**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1500.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 57 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Paulette Stewart**

Mailing Address 5860 Bellaire Dr

City State Zip Code  
New Orleans LA 70124-1104

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AFB6196B52C614F21BC2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

<input type="text" value="800.00"/>
-------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Mr. Danny R Graham**

Mailing Address PO Box 400

City State Zip Code  
Ruston LA 71273-0400

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Lincoln Builders, Inc. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7761516305004FE1BB6**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

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

**Shani Jolly**

Mailing Address 19 Ranier St

City State Zip Code  
Kenner LA 70065-1020

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Thionville Laboratories Inc Chemist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB551A86730F84474802**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

<input type="text" value="2600.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 58 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Suman Jolly**

Mailing Address 8 Platt St

City Kenner State LA Zip Code 70065-1074

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

Name of Employer Jolly Consultants Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

**Transaction ID : A0FF9E40EF712473EA64**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

2600.00

**B. Full Name (Last, First, Middle Initial)**

**Madhuri Jolly**

Mailing Address 39 Royal Palm Dr

City Kenner State LA Zip Code 70065-4893

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A52F23688F2D543E7B1C**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

2600.00

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

**James D. Garvey Jr.**

Mailing Address 4800 Beau Lac Ln

City Metairie State LA Zip Code 70002-1456

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

Name of Employer Hailey, McNamara, Hall, Larmann, and P Occupation Of Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

**Transaction ID : A153693033A624C4FA10**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

1350.00

**Subtotal Of Receipts This Page (optional)**.....▶ 6550.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 59 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frank B. Stewart Jr.**

Mailing Address 5860 Bellaire Drive  
Ste 160

City State Zip Code  
New Orleans LA 70124-1104

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

Name of Employer Occupation  
Self Employed Entrepreneur

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AEF66F5119E344611B13**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Markham McKnight**

Mailing Address 7132 Moniteau Ct

City State Zip Code  
Baton Rouge LA 70809-1163

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

Name of Employer Occupation  
Bancorp South President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AE3F5A5D026404AAEB6C**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mukesh Jolly**

Mailing Address 19 Ranier St

City State Zip Code  
Kenner LA 70065-1020

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

Name of Employer Occupation  
Self Employed Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

**Transaction ID : A45935E07CCF1472BAE3**

Date of Receipt

M M / D D / Y Y Y Y  
08 / 26 / 2015

Amount of Each Receipt this Period

2600.00

**Subtotal Of Receipts This Page** (optional).....▶ 6000.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

**Transaction ID : A2F46A23D75C14D98804**

Mailing Address Po Box 98029

Date of Receipt

/  /

City State Zip Code  
**Baton Rouge LA 70898-9029**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer Occupation  
**Bcbsla President**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

B. Full Name (Last, First, Middle Initial)  
**Bryan Bossier**

**Transaction ID : A844FB0D72DA24431B4B**

Mailing Address 2135 Cooley Crossing

Date of Receipt

/  /

City State Zip Code  
**Woodworth LA 71485-9702**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer Occupation  
**Diamond B Construction President**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

C. Full Name (Last, First, Middle Initial)  
**Renee Bossier**

**Transaction ID : A6F24130951CC48D480F**

Mailing Address 2135 Cooley Crossing

Date of Receipt

/  /

City State Zip Code  
**Woodworth LA 71485-9702**

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer Occupation  
**Diamond B Construction Treasurer**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Subtotal Of Receipts This Page (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mary Delesdernier</b>		<b>Transaction ID : A7575146BBBA84CE1B35</b>
Mailing Address <b>3632 N Lamar</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 27 / 2015</b>
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70002</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>300.00</b>	
Name of Employer <b>Delesdernier Law Firm</b>	Occupation <b>Office Manager</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>300.00</b>	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Rueben Bajaj</b>		<b>Transaction ID : ACA19419C265E4998A52</b>
Mailing Address <b>6701 Democracy Blvd #204</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 28 / 2015</b>
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20817-1593</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>2700.00</b>	
Name of Employer <b>White Star Management</b>	Occupation <b>Principal</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2700.00</b>	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Sapna Delacourt</b>		<b>Transaction ID : A588B19E9E439438D9C8</b>
Mailing Address <b>1527 N Randolph Street</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 28 / 2015</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207-3022</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>Self Employed</b>	Occupation <b>Attorney</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

**Subtotal Of Receipts This Page** (optional)..... **4000.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 62 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Michel H. Claudet**

Mailing Address PO Box 2416

City Houma State LA Zip Code 70361-2416

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

Name of Employer Occupation  
Terrebonne Parish Consolidated Governm President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A3659CD49F6FA4A929B7**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

2700.00
---------

**B. Full Name (Last, First, Middle Initial)**

**John Mark Wilhite**

Mailing Address 3206 Lake Desvard Dr

City Monroe State LA Zip Code 71201-2039

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

Name of Employer Occupation  
Louisiana Plastic Industries Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : ACDFF8B3406C7420B896**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

2700.00
---------

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

**Tessa Smith**

Mailing Address 17 Log Cabin Lane

City Pearl River State LA Zip Code 70452-3924

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A068943607710470E9D3**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

2700.00
---------

**Subtotal Of Receipts This Page (optional)**.....▶ 8100.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

- 16  
19a
- 17a  
19b
- 17b  
20a
- 17c  
20b
- 17d  
20c
- 18  
21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)

**Bill New**

Mailing Address 6032 Railroad Ave

City Morgan City	State LA	Zip Code 70380-2449
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer New Industries, Llc	Occupation President & Ceo
---	-------------------------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Election Cycle-to-Date ▾ <input style="width: 100px; text-align: center;" type="text" value="2700.00"/>
---	--

**Transaction ID : A382D311B2E7C46B99D6**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

**Jill M. Donaldson**

Mailing Address 2960 Gause Blvd E

City Slidell	State LA	Zip Code 70461-4153
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Jill M. Donaldson, DDS, APDC	Occupation Dentist
--	-----------------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Election Cycle-to-Date ▾ <input style="width: 100px; text-align: center;" type="text" value="2700.00"/>
---	--

**Transaction ID : AAF98F64A16364B7A982**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

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

**Edward L. Donaldson Jr.**

Mailing Address 2960 Gause Blvd E

City Slidell	State LA	Zip Code 70461-4153
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer Edward L. Donaldson, Jr. DDS, APDC	Occupation Dentist
--	-----------------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾	Election Cycle-to-Date ▾ <input style="width: 100px; text-align: center;" type="text" value="2700.00"/>
---	--

**Transaction ID : A6FAF113BD08C4F359C2**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 64 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas M. Gattle Jr.**

Mailing Address 388 Island Point Dr

City	State	Zip Code
Lake Providence	LA	71254-5316

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Terral River Service	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A0033E6901A814329851**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Edna Gattle**

Mailing Address 388 Island Point Dr

City	State	Zip Code
Lake Providence	LA	71254-5316

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Labat	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AC382724698E645B8867**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Donna Stuart**

Mailing Address 1941 Country Club Dr

City	State	Zip Code
Baton Rouge	LA	70808-1224

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ACDD27DB867A641F1ADE**

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Dane**

Mailing Address 11638 Bluff Lane

City	State	Zip Code
Gulfport	MS	39503-6151

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Trinity Yachts	Boat Builder

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A8846BEBF2535431C969**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Katherine Suire**

Mailing Address 103 Angelle Cir

City	State	Zip Code
Houma	LA	70360-3981

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Michel H. Claudet, LLC	Operations Manager

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A8DFE49A4A6044453A5B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Bryan Carney**

Mailing Address 21741 Bene Dr

City	State	Zip Code
Santa Clarita	CA	91350-8539

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Hundred To One, Inc.	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A448FC7A1B6414D19878**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Robert M. Stuart Jr.**

Mailing Address 1941 Country Club Dr

City	State	Zip Code
Baton Rouge	LA	70808-1224

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Capital One Bank - Louisiana	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A3C4F7B6396494A09805**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia New**

Mailing Address 6032 Railroad Ave

City	State	Zip Code
Morgan City	LA	70380-2449

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Cpa

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A3C664B95C9D644DF823**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Blair Michel**

Mailing Address 901 W Congress

City	State	Zip Code
Lafayette	LA	70501-5603

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Coastal Risk Services	Claims Adjuster

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB76EA4CBCB7C4A8B8EC**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Lod Cook</b>		<b>Transaction ID : AA04B0D445FE247A197C</b>	
Mailing Address 13849 Weddington St.		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2015	
City Sherman Oaks	State CA	Zip Code 91401-5827	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Self Employed	Occupation Entrepreneur	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Campbell</b>		<b>Transaction ID : A337725B674764DC8B16</b>	
Mailing Address 301 E. Edgewood Dr.		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2015	
City Newberg	State OR	Zip Code 97132-9177	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer N/a	Occupation Retired	Election Cycle-to-Date 375.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jack Blackwell</b>		<b>Transaction ID : A151E7653A15F46A8A3B</b>	
Mailing Address 2645 Meadowdale St		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015	
City Ottumwa	State IA	Zip Code 52501-1264	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Jack Blackwell Tire Co.	Occupation Owner	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>Subtotal Of Receipts This Page</b> (optional).....	5425.00
<b>Total This Period</b> (last page this line number only).....	

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 232

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Levere C. Montgomery Jr.**

Mailing Address 321 N Vermont St  
Ste 101

City Covington State LA Zip Code 70433-2834

FEC ID number of contributing federal political committee.

Name of Employer Montgomery Ventures, Ltd. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A9B8F924542BA4E59855**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**CAPT William O. Watson III**

Mailing Address 42347 Clouatre Rd

City Gonzales State LA Zip Code 70737-8437

FEC ID number of contributing federal political committee.

Name of Employer Nobra Occupation River Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A266F3EC9B855474AB70**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Frederick Perkins**

Mailing Address 148 Morningside Ave

City Council Bluffs State IA Zip Code 51503-4712

FEC ID number of contributing federal political committee.

Name of Employer Transcanada Corporation Occupation Manager- Energy Business

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AACD975CA49EA45B6A58**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

<input type="text" value="300.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Mr. Ward Breaux Mailing Address PO Box 888 City Loreauville State LA Zip Code 70552-0888 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Breaux Brothers Enterprises, Inc. Occupation Owner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>		<b>Transaction ID : AE10A683577AE4A9FAF7</b> Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <input type="text" value="2500.00"/>
--	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> Cathleen Wood Mailing Address 230 Quiski Bayou Dr City Houma State LA Zip Code 70360-7966 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Housewife Occupation House Wife Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AE5145675F8B6400B89F</b> Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Kenneth Wood Mailing Address 230 Ouiski Bayou Dr City Houma State LA Zip Code 70360-7966 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer K&b Machine Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : AE5D2DF7151224689B34</b> Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 70 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Leonard Lemoine</b>		<b>Transaction ID : ACD7339BB32C14019855</b>
Mailing Address 214 Jefferson St Ste 100		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015
City Lafayette	State LA	Amount of Each Receipt this Period 2500.00
Zip Code 70501-7050		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Lemoine Companies	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Antonio J. Rodriguez</b>		<b>Transaction ID : A24B116AE61904261AF8</b>
Mailing Address 400 Poydras St Fl 30		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015
City New Orleans	State LA	Amount of Each Receipt this Period 2700.00
Zip Code 70130-3245		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Fowler Rodriguez	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Jeffrey Goldring</b>		<b>Transaction ID : AE3BC5C182E7A4EAD8FB</b>
Mailing Address 3850 N Causeway Blvd Suite 1695		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015
City Metairie	State LA	Amount of Each Receipt this Period 2700.00
Zip Code 70002-8177		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2700.00
Name of Employer Sazerac Company	Occupation Director	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 7900.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 71 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Gregory R. Rusovich</b> Mailing Address 179 E Oakridge Park City Metairie State LA Zip Code 70005-4018 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Transoceanic Trading and Development C Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A12AE330CC8154009A99</b> Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Aaron Heyamoto</b> Mailing Address 3809 Executive Ave Apt. C21 City Alexandria State VA Zip Code 22305-2387 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Us Government (Uspto) Occupation Patent Examiner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		<b>Transaction ID : AF94D0D04CBA14678821</b> Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
---	--	---

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Brian Carter</b> Mailing Address 8452 Fredericksburg Rd 374 City San Antonio State TX Zip Code 78229-3317 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer LHI Occupation Project Coordinator/Systems Engineer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<b>Transaction ID : A480382830BD04DC2B4D</b> Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
--	--	---

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 72 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Camille A. Cutrone**

Mailing Address 2320 Prytania St.

City State Zip Code  
New Orleans LA 70130-5806

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : ABEE4DB25AB2442CFB92**

Date of Receipt

/  /

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**Nancy Salerno**

Mailing Address 441 River Rd

City State Zip Code  
Newburgh NY 12550-1406

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

Name of Employer Occupation  
None retired homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : A05DFA826FBF94ABB9F0**

Date of Receipt

/  /

Amount of Each Receipt this Period

250.00

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

**Linda Thomas**

Mailing Address 2320 Prytania St

City State Zip Code  
New Orleans LA 70130-5806

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

Name of Employer Occupation  
N/a Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AF5FB036DEEAA47688BF**

Date of Receipt

/  /

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....▶

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Warner Thomas**

Mailing Address **2030 Palmer Ave**

City **New Orleans** State **LA** Zip Code **70118-6240**

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

Name of Employer **Ochsner Health System** Occupation **President & Ceo**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : AFFBD3439BBA84F81B25**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

**2700.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Randy K. Haynie**

Mailing Address **P.O. Box 52129**

City **Lafayette** State **LA** Zip Code **70505-2129**

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

Name of Employer **Haynie and Associates** Occupation **Government Relations**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : A60BA86BAA4C144768D1**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Patrick Gary Jones**

Mailing Address **220 E Frenchmans Bend Rd**

City **Monroe** State **LA** Zip Code **71203-8702**

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

Name of Employer **Vantage Health Plan, Inc.** Occupation **Doctor**

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

**Transaction ID : A96E61A0AA40C41ADADE**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**2700.00**

**Subtotal Of Receipts This Page** (optional)..... **8100.00**

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Gira Shah**

Mailing Address 214 Bear's Club Drive

City	State	Zip Code
Jupiter	FL	33477-4202

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
P4 Health	CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A9096EAC574B047AEAE1**

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

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Walton Goldring**

Mailing Address 3850 N Causeway Blvd  
Suite 1695

City	State	Zip Code
Metairie	LA	70002-8177

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD7E04128BA16480DA6F**

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

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Daynese Haynie**

Mailing Address PO Box 52129

City	State	Zip Code
Lafayette	LA	70505-2129

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5CD5FF747D4940A8A2C**

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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 75 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Linda Dawson**

Mailing Address 717 Curtis Dr

City State Zip Code  
Rayne LA 70578-8311

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

Name of Employer Occupation  
N/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A832FD1A00CE54910880**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2015

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**Shelton Ruffin**

Mailing Address PO Box 808

City State Zip Code  
Oak Grove LA 71263-0808

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

Name of Employer Occupation  
Tensas Basin Levee District, Board of manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AD66A54595EC04550B3A**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2015

Amount of Each Receipt this Period

2700.00

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

**Patsy Ruffin**

Mailing Address PO Box 808

City State Zip Code  
Oak Grove LA 71263-0808

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

Name of Employer Occupation  
Ruffin Building Systems Owner & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : ACBD598E8E04147578E3**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2015

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....▶ 8100.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dixon Betz**

Mailing Address 5305 Purdue Dr

City	State	Zip Code
Metairie	LA	70003-1044

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
River Consulting, Inc.	Principal

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AF1807011554A415DB03**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Rama Mantena**

Mailing Address 214 Bear's Club Drive

City	State	Zip Code
Jupiter	FL	33477-4202

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
P4 Healthcare	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AA57C59C842ED49F7812**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mark Dawson MD**

Mailing Address 717 Curtis Dr

City	State	Zip Code
Rayne	LA	70578-8311

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Acadia Parish	Physican

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A2D17AB2D3769471C9F8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**John C. Williams**

Mailing Address 2448 Saint Andrews Ave

City	State	Zip Code
Zachary	LA	70791-5407

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

Name of Employer	Occupation
Beer Industry League of LA	Executive Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

**Transaction ID : ABE2EC5E0F4704DAE9C4**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 1500.00
---------------

**B.** Full Name (Last, First, Middle Initial)  
**Cheryl Betz**

Mailing Address 5305 Purdue Dr

City	State	Zip Code
Metairie	LA	70003-1044

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

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : AA9B80936F2EA44DBA22**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Mary Frances Jones**

Mailing Address 220 E Frenchmans Bend Rd

City	State	Zip Code
Monroe	LA	71203-8702

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

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : AF04B01B407374499917**

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 6900.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Marie Breaux**

Mailing Address PO Box 888

City	State	Zip Code
Loreauville	LA	70552-0888

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A6AFD8CFA975F425DB6F**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Keith White**

Mailing Address 7837 Main Hwy

City	State	Zip Code
Saint Martinville	LA	70582-7807

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Quail Tools	VP Finance & Admin.

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AFC18D00BC39743BB8DF**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Diana Lanchoney**

Mailing Address 448 Glenwyth Rd

City	State	Zip Code
Wayne	PA	19087-5305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Csl behring	Pharma

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AFDC41D66C0D1472D94D**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			12			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Brad Culbertson</b> Mailing Address 3437 Palo Vista Drive City Rancho Palos Verdes State CA Zip Code 90275-6158 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Employed Occupation Sales Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A8583035821084F4999C</b> Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jamie Adam</b> Mailing Address 2127 Hazen Rd City Hermitage State PA Zip Code 16148-4401 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Sharon Regional Health System Occupation Pathologist Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="220.00"/>		<b>Transaction ID : AB79E5BCA46D645B4947</b> Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2015 Amount of Each Receipt this Period <input type="text" value="50.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Craig Price</b> Mailing Address Pob 488 City East Brunswick State NJ Zip Code 08816-0488 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer self Occupation Physician Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		<b>Transaction ID : A7B77B7D617E643F38C4</b> Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Edmundson**

Mailing Address 1055 St. Charles Ave

City State Zip Code  
New Orleans LA 70130-3941

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

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AA80AD7520327472DBAC**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 1055 St. Charles Ave

City State Zip Code  
New Orleans LA 70130-3941

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

Name of Employer Occupation  
Edmundson Management Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : ACEE20A200CBF453D97B**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Manish Vira**

Mailing Address 10 Edgewood Avenue

City State Zip Code  
Glen Head NY 11545-1007

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

Name of Employer Occupation  
North Shore LIJ Health System Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : A86361AE115204F418D8**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2015

Amount of Each Receipt this Period  
500.00

**Subtotal Of Receipts This Page** (optional).....▶ 5900.00

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Arden Soderberg Mailing Address 1342 Elm Crest City Baton Rouge State LA Zip Code 70808-8881 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Housewife Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			<b>Transaction ID : AFF8EDC90D6C5461EA98</b> Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> John Campbell Mailing Address 301 E. Edgewood Dr. City Newberg State OR Zip Code 97132-9177 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="395.16"/>			<b>Transaction ID : A22F2207D94834A1DAAA</b> Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="20.16"/>
--	--	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Lance Ribeiro Mailing Address 40 Peaslee Court City Hampstead State NH Zip Code 03841-2185 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Fidelity Investments Occupation Database Administrator Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>			<b>Transaction ID : AC1F0C305CFAF4D20976</b> Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
---	--	--	---

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Curtis Soderberg</b> Mailing Address 1342 Elm Crest City Baton Rouge State LA Zip Code 70808-8881 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer CSRS Occupation Vice President Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/>		<b>Transaction ID : AB79CA16598534C729D6</b> Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/> Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>
---	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Penelope Sands</b> Mailing Address 12727 Sw 18Th St City Yukon State OK Zip Code 73099-7083 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer self Occupation House Wife Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/>		<b>Transaction ID : A20BC54BAFE6341A0886</b> Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/> Election Cycle-to-Date ▼ <input type="text" value="300.00"/>
---	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Craig Spohn</b> Mailing Address 1215 Bay Ridge Dr. City Benton State LA Zip Code 71006-3468 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Broadmoor Consulting Occupation Owner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/>		<b>Transaction ID : A1ABA1B8B44D343C3884</b> Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/> Election Cycle-to-Date ▼ <input type="text" value="5400.00"/>
--	--	--

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Randolph White**

Mailing Address 3265 Hembree Ct

City	State	Zip Code
Marietta	GA	30062-4219

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Automationdirect	Technical Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A46644420389A4B76976**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Keith Cook**

Mailing Address 1517 Illinois

City	State	Zip Code
Ames	IA	50014-3759

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Oakwood Road Church	manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AF5B1D6FC2DF14376A7D**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Ronald ( Scott ) Seele**

Mailing Address 1427 Clark Ave

City	State	Zip Code
West Liberty	IA	52776-9130

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Stuff Etc. Davenport Llc.	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ACC04CE2193DC4819884**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mark E Romero</b> Mailing Address 200 Edgewater Dr  City New Iberia State LA Zip Code 70563-1710  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Brown and Brown Insurance Occupation Executive Vice President Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			<b>Transaction ID : AF9ED26A6DCCC4D67BB8</b> Date of Receipt M M / D D / Y Y Y Y <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>  Amount of Each Receipt this Period <input type="text" value="2700.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Stephen Smith</b> Mailing Address 810 W Drew St  City Houston State TX Zip Code 77006-1916  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer Southern Marsh Collection, LLC Occupation Apparel Line Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>			<b>Transaction ID : A3521B8D71AF84818AEE</b> Date of Receipt M M / D D / Y Y Y Y <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>  Amount of Each Receipt this Period <input type="text" value="500.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Thomas Enright</b> Mailing Address 1547 Moreland Ave  City Baton Rouge State LA Zip Code 70808-1171  FEC ID number of contributing federal political committee. <input type="text" value="C"/>  Name of Employer State Of Louisiana Occupation Attorney Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="220.16"/>			<b>Transaction ID : ADD401A127124467AB1F</b> Date of Receipt M M / D D / Y Y Y Y <input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>  Amount of Each Receipt this Period <input type="text" value="20.16"/>

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Wallace Chambers**

Mailing Address 6611 Stagville Rd.

City	State	Zip Code
Bahama	NC	27503-9723

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Plumber

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A39E8CD5F71B546ACB65**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Kirk Wills**

Mailing Address 2120 Capitol St., Apt. 3329

City	State	Zip Code
Houston	TX	77003-3145

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. Citizenship & Immigration Service	Supervisory Asylum Officer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5457870A402445A0B08**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**August Gallo, Jr.**

Mailing Address 19 Gull St.

City	State	Zip Code
New Orleans	LA	70124-4302

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Gallo Mechanical LLC	Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A54CE4CA5C5BC48649C0**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Moriah Martinez**

Mailing Address 2751 Underwood Lane

City	State	Zip Code
Bishop	CA	93514-3138

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

Name of Employer	Occupation
N/a	Student

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : ACB88714644474D6C998**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Fenn French**

Mailing Address 230 Carondelet St

City	State	Zip Code
New Orleans	LA	70130-2901

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

Name of Employer	Occupation
JAB - New Orleans Inc	Clothier

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

**Transaction ID : AB98397687DD2420894E**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Kelly Faircloth**

Mailing Address 4450 Still Meadow Ln

City	State	Zip Code
Pineville	LA	71360-2200

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

Name of Employer	Occupation
Self Employed	Chiropractor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A6E6309DFB00C41CEAFB**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 6400.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 87 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 9196 Mcelwee River Circle

City	State	Zip Code
Fountain Valley	CA	92708-6463

FEC ID number of contributing federal political committee.

Name of Employer self	Occupation Realtor
--------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A044EBAB0AE804CA4805**

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2015

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Catherine Benfield**

Mailing Address 849 Island Point Lane

City	State	Zip Code
Chapin	SC	29036-7602

FEC ID number of contributing federal political committee.

Name of Employer Self-employed	Occupation Psychologist
-----------------------------------	----------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD90501C852554EB8817**

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2015

Amount of Each Receipt this Period

<input type="text" value="20.16"/>
------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Dale Springer**

Mailing Address 13139 Pearl Ave

City	State	Zip Code
Bloomfield	IA	52537-7554

FEC ID number of contributing federal political committee.

Name of Employer N/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7A13EF872E524236B0D**

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Deborah Baker Mailing Address 8280 N Pine Haven Point City State Zip Code Crystal River FL 34428-6911 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation N/a Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="300.00"/>		<b>Transaction ID : A79F44BF4690B4713B54</b> Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
--	--	---

<b>B. Full Name (Last, First, Middle Initial)</b> Mr. Walter Gray Mailing Address Po Box 6202 City State Zip Code Metairie LA 70009-6202 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation The Gray Insurance Co. Business Executive Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A34EC56B778234663B36</b> Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
--	--	--

<b>C. Full Name (Last, First, Middle Initial)</b> Candace Brunson Mailing Address 4608 Inverness Dr. City State Zip Code Tyler TX 75703-2200 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Self Employed Investor Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		<b>Transaction ID : A9BE7BDD2E5804D0AAF8</b> Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
---	--	--

**Subtotal Of Receipts This Page (optional)**.....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 89 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Elise Murchison**

Mailing Address 5400 Montrose Dr Dallas, Tx

City	State	Zip Code
Dallas	TX	75209-5618

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	family investments

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A55EE81D269AF482DA4D**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James Ravannack**

Mailing Address 313 Waverly Place

City	State	Zip Code
Kenner	LA	70003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Superior Energy	co founder

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AB8B9E2756C1941E7A14**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Sternberg**

Mailing Address 622 West 60Th Terrace

City	State	Zip Code
Kansas City	MO	64113-1303

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Jonathan Sternberg, Attorney, P.C.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A70FCF24F1E7E46779A6**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			22			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Jocel Ravannack**

Mailing Address 313 Waverly Place

City	State	Zip Code
Metairie	LA	70003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A6B24BA95562D46EC90C**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Charles Light**

Mailing Address 218 Ne 5Th St

City	State	Zip Code
Grangeville	ID	83530-1802

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AE422DCA5ED12438DB4F**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

Amount of Each Receipt this Period

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

Mailing Address 504 Villa Terrace

City	State	Zip Code
York	PA	17403-3628

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A77E79047736549F7AC3**

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2015

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

## JINDAL FOR PRESIDENT

**A.** Full Name (Last, First, Middle Initial)  
**Jamie Adam**

Mailing Address 2127 Hazen Rd

City	State	Zip Code
Hermitage	PA	16148-4401

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Sharon Regional Health System	Pathologist

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.16

**Transaction ID : A8BE8F06768EA4506A69**

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">20.16</span>
---

**B.** Full Name (Last, First, Middle Initial)  
**James G. Moore**

Mailing Address 1090 Sinclair Dr

City	State	Zip Code
Port Allen	LA	70767

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
Reliable Production Service	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A710CD6B5E38E43CF9E7**

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2015

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">2700.00</span>
---

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

Mailing Address 2306 Grandview Avenue

City	State	Zip Code
Cincinnati	OH	45206-2261

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : A21B53182F3174E838C3**

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2015

Amount of Each Receipt this Period

<span style="border: 1px solid black; padding: 2px;">250.00</span>
--

**Subtotal Of Receipts This Page** (optional)..... 2970.16

**Total This Period** (last page this line number only)..... 2970.16

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 92 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Norma Moore**

Mailing Address 1090 Sinclare Dr

City State Zip Code  
Port Allen LA 70767

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

Name of Employer Occupation  
N/a Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A8D69D979C33646F9A70**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2015

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**William Mainor**

Mailing Address 5309 Blanco Dr

City State Zip Code  
Parkton NC 28371-9303

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

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.00

**Transaction ID : A344BFBC9A9034D38B75**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2015

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Brian Carter**

Mailing Address 8452 Fredericksburg Rd 374

City State Zip Code  
San Antonio TX 78229-3317

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

Name of Employer Occupation  
LHI Project Coordinator/Systems Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
282.00

**Transaction ID : ABB77CF151398485FADE**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2015

Amount of Each Receipt this Period  
32.00

**Subtotal Of Receipts This Page** (optional).....▶ 2742.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tom Labropulos**

Mailing Address 2414 Lazybrook Dr

City	State	Zip Code
Houston	TX	77008-1196

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
International Ship Services	General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7C43DD5CD1F040FA965**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1500.00"/>
--------------------------------------

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

Mailing Address 225 Ouiski Bayou

City	State	Zip Code
Houma	LA	70360-7967

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD45FCD13A79545F3921**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

Mailing Address 19 Ranier St

City	State	Zip Code
Kenner	LA	70065-1020

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Information requested per Best Efforts	Information requested per Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD591E5138D2643469D0**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 94 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Monica Jolly**

Mailing Address 8 Platt St

City Kenner State LA Zip Code 70065-1074

FEC ID number of contributing federal political committee.

Name of Employer Jolly Consultants Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5335E8B4E52C42EE83D**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Gloria Markle**

Mailing Address 126 Lakewood Estates Dr

City New Orleans State LA Zip Code 70131-8300

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Pharmacist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AADC505B1FC04C5AA4B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

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

**Michael Gray**

Mailing Address P.O. Box 6202

City Metairie State LA Zip Code 70009-6202

FEC ID number of contributing federal political committee.

Name of Employer The Gray Insurance Co. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A2829ACC2193F463A968**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Sharon Vasher**

Mailing Address 26014 Misty Way

City	State	Zip Code
Fort Mill	SC	29708-9322

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

Name of Employer	Occupation
Maximum Advantage-Carolinas	Sales Coordinator

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

**Transaction ID : AFB90CA9F0C114303B94**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

_____ 200.00
--------------

**B.** Full Name (Last, First, Middle Initial)  
**Ambarish Parekh**

Mailing Address 4105 Chateau Blvd  
Apt A

City	State	Zip Code
Kenner	LA	70065-5704

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

Name of Employer	Occupation
Maritech Commercial	Senior Surveyor

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

**Transaction ID : AD5F14F926C0C4BB3ACE**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

_____ 2700.00
---------------

**C.** Full Name (Last, First, Middle Initial)  
**Matt G. Boucree**

Mailing Address 126 Holly St.

City	State	Zip Code
Mandeville	LA	70448-4576

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

Name of Employer	Occupation
Blue Water Shipping Co.	President

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

**Transaction ID : ADFFAE67CC43840928A9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

_____ 1000.00
---------------

**Subtotal Of Receipts This Page** (optional).....▶ \_\_\_\_\_ 3900.00

**Total This Period** (last page this line number only).....▶ \_\_\_\_\_

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 1547 Moreland Ave

City	State	Zip Code
Baton Rouge	LA	70808-1171

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

Name of Employer	Occupation
State Of Louisiana	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 240.32

**Transaction ID : A68F47B3601654BA29A3**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

20.16
-------

**B.** Full Name (Last, First, Middle Initial)  
**George C Kleinpeter Jr.**

Mailing Address 4176 Canal St

City	State	Zip Code
New Orleans	LA	70119-5941

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

Name of Employer	Occupation
Burk-Kleinpeter, Inc.	President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : AC5B55A711E2D454EAF6**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

2700.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**Wilfred Barry**

Mailing Address 6555 Pikes Ln

City	State	Zip Code
Baton Rouge	LA	70808-4271

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

Name of Employer	Occupation
SJB Group, LLC	Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

**Transaction ID : AE106F7586D864226A6B**

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period

2700.00
---------

**Subtotal Of Receipts This Page** (optional).....▶ **5420.16**

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 97 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**Dr. Harish Anand**

Mailing Address 120 Meadowcrest St. Suite 245

City	State	Zip Code
Gretna	LA	70056-5280

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Pediatrics And Neonatology	Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7FC61B0AAE1D4B16B7C**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

**B. Full Name (Last, First, Middle Initial)**

**Jan Maki**

Mailing Address 403 Canal Blvd

City	State	Zip Code
Thibodaux	LA	70301-3413

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A87650E239958413096C**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

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

**Donna Flower**

Mailing Address 1476 Calhoun St

City	State	Zip Code
New Orleans	LA	70118-6057

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5F5155EB524843FCB97**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>
--------------------------------------

**Subtotal Of Receipts This Page (optional)**.....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 98 / 232

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Shirley Kleinpeter**

Mailing Address 4176 Canal St.

City State Zip Code  
New Orleans LA 70119-5941

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Housewife

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AA6A143C028D945D6A44**

Date of Receipt

/  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Martin**

Mailing Address 1415 Meandro Ria

City State Zip Code  
McKinney TX 75069-9192

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ADC65AD4120D44EC0BA4**

Date of Receipt

/  /

Amount of Each Receipt this Period

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

Mailing Address 840 Stoney Battery Rd

City State Zip Code  
Troutville VA 24175-7527

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A4543FF3F668540E8A88**

Date of Receipt

/  /

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Anna Barry Mailing Address 6555 Pikes Lane City Baton Rouge State LA Zip Code 70808-4271 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Submeter One LLC Occupation Manager Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		<b>Transaction ID : A336F2807326C4AFE8E0</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
---	--	--

<b>B. Full Name (Last, First, Middle Initial)</b> Deepak Bhatnagar Mailing Address 15 Chateau Rothchild Dr City Kenner State LA Zip Code 70065-1906 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Usda Occupation Scientist Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="750.00"/>		<b>Transaction ID : A148BF036AD6B4077A76</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="750.00"/>
---	--	---

<b>C. Full Name (Last, First, Middle Initial)</b> Surinder Arora Mailing Address 18 Chateau Mouton Dr City Kenner State LA Zip Code 70065-1903 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Hal Lab Occupation Lab Asst. Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		<b>Transaction ID : A7DBBB079F1E44794AC8</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
---	--	---

**Subtotal Of Receipts This Page (optional)**.....

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

A. Full Name (Last, First, Middle Initial)  
**Mr. Gary N. Solomon**

Mailing Address **1100 Poydras St  
Ste 100**

City	State	Zip Code
<b>New Orleans</b>	<b>LA</b>	<b>70163-0100</b>

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

Name of Employer	Occupation
<b>Crescent Bank And Trust</b>	<b>President and CEO</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

Transaction ID : **A5F2D032876E944C5870**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

Amount of Each Receipt this Period  
**2700.00**

B. Full Name (Last, First, Middle Initial)  
**Mr. John E. Atkins**

Mailing Address **333 Texas St Suite 2300**

City	State	Zip Code
<b>Shreveport</b>	<b>LA</b>	<b>71101-3680</b>

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

Name of Employer	Occupation
<b>Atco Investment Company</b>	<b>Investment Management</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

Transaction ID : **ADA0D623B5A6F49B6BAB**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

Amount of Each Receipt this Period  
**2700.00**

C. Full Name (Last, First, Middle Initial)  
**Anthony Alford**

Mailing Address **225 Ouiski Bayou Drive**

City	State	Zip Code
<b>Houma</b>	<b>LA</b>	<b>70360-7967</b>

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

Name of Employer	Occupation
<b>Alford, Staples, Lapeyre Insur</b>	<b>Insurance</b>

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2700.00**

Transaction ID : **AC42D949A1FB346D2B20**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 24 / 2015**

Amount of Each Receipt this Period  
**2700.00**

Subtotal Of Receipts This Page (optional)..... **8100.00**

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Blake Chatelain Mailing Address 1704 Emberly Oaks Ct City State Zip Code Alexandria LA 71301-2754 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Red River Bank CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> 2700.00		<b>Transaction ID : A7FE485EC661D4732BFF</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> 2700.00
---	--	---

<b>B. Full Name (Last, First, Middle Initial)</b> William McConnell Mailing Address 200 N Chatauqua Rd City State Zip Code Ruston LA 71270-2237 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation LaSalle Management Co. Owner Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> 2000.00		<b>Transaction ID : A62858928B84A44BFB92</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> 2000.00
---	--	---

<b>C. Full Name (Last, First, Middle Initial)</b> Patrick Temple Mailing Address 11020 Seville Quarters City State Zip Code Shreveport LA 71106-7767 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation LaSalle Management Co. Development Manager Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> 2000.00		<b>Transaction ID : A163EB59062494FC0B65</b> Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> 2000.00
--	--	---

**Subtotal Of Receipts This Page** (optional).....  6700.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Prem Kumar**

Mailing Address 170 Chateau Latour Dr

City State Zip Code  
Kenner LA 70065-2023

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

Name of Employer Occupation  
Lsu Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : AEFCAC9639016452AB0D**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Glenn M. Gardner Jr.**

Mailing Address 3332 N Woodlawn Ave

City State Zip Code  
Metairie LA 70006-4216

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

Name of Employer Occupation  
Prudential Gardner Realtors Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : A97C6D1817E9A4E2BA9F**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Troy Joseph Duhon**

Mailing Address 812 Lakeshore Blvd

City State Zip Code  
Slidell LA 70461-4686

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

Name of Employer Occupation  
Premier Automotive Group CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

**Transaction ID : AF6BCA58E237A4048BCE**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2015

Amount of Each Receipt this Period  
2700.00

**Subtotal Of Receipts This Page** (optional).....▶ 5650.00

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 2375 Tabbystone Ln NW

City	State	Zip Code
Marietta	GA	30064-4756

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Floam Family	Family Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AA37D8538DB8B4685AC1**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Richard D. Helppie**

Mailing Address 41000 Woodward Ave

City	State	Zip Code
Bloomfield Hills	MI	48304-5130

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Vineyard Capital Group	Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AAD218DB7F98A4340A8B**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Monica Courville**

Mailing Address 19471 Arcadian Shores

City	State	Zip Code
Baton Rouge	LA	70809-6711

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ABEEF0F2ACC2848E19A8**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			25			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> Edward Smith Mailing Address 6109 Stonehaven Drive City Nashville State TN Zip Code 37215-5613 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Retired Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="417.76"/>		<b>Transaction ID : A11DF11ECF98D403C878</b> Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
---	--	---

<b>B. Full Name (Last, First, Middle Initial)</b> Kirk Wills Mailing Address 2120 Capitol St., Apt. 3329 City Houston State TX Zip Code 77003-3145 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer U.S. Citizenship & Immigration Service Occupation Supervisory Asylum Officer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="900.00"/>		<b>Transaction ID : A99CDA3AE8A9E42438CD</b> Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
---	--	---

<b>C. Full Name (Last, First, Middle Initial)</b> Angela Urquhart Mailing Address 2105 Lavers Circle #204 #204 City Delray Beach State FL Zip Code 33444-7635 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer N/a Occupation Homemaker Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="220.16"/>		<b>Transaction ID : A9E53FD90CAEA4C5CBCD</b> Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
--	--	---

**Subtotal Of Receipts This Page (optional)**.....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 849 Island Point Lane

City	State	Zip Code
Chapin	SC	29036-7602

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self-employed	Psychologist

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : ADB2E77019EFB4948B4B**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			27			2015			

Amount of Each Receipt this Period

<input type="text" value="10.00"/>
------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Olson**

Mailing Address 1731 Crebs Way

City	State	Zip Code
Upland	CA	91784-9283

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Pepperdine University	Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5CE39B84944D420DADA**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			27			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Sternberg**

Mailing Address 622 West 60Th Terrace

City	State	Zip Code
Kansas City	MO	64113-1303

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Jonathan Sternberg, Attorney, P.C.	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A01404CCF0C7D47A2985**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			27			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Dan Dimicco**

Mailing Address 1012 Firethorne Club Dr

City	State	Zip Code
Waxhaw	NC	28173-6552

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Duke Energy Corporation	Director

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A083D4C229B7441D7BCF**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn Dimicco**

Mailing Address 1012 Firethorne Club Dr.

City	State	Zip Code
Waxhaw	NC	28173-6552

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Housewife

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A467B164787584B47A8C**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Matt Gallihugh**

Mailing Address 15370 Bears Breech Ct

City	State	Zip Code
Huntertown	IN	46748-9152

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Harris	Staff Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A7ABC8883F0704BE8BBB**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 108 Cottage Drive

City State Zip Code  
Luling LA 70070-3200

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Coastal Permitting President

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A1020F36DDC53493EB6A**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address 3610 Valihi Way Apt B

City State Zip Code  
Glendale CA 91208-3525

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WDI Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AC3304210140248C69C2**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>
------------------------------------

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

Mailing Address 123 Wembley Rd

City State Zip Code  
Lafayette LA 70503-3568

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A45266E1846EB480DAFE**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>
-------------------------------------

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Rakesh Bajaj**

Mailing Address 4432 Rue Saint Peter

City	State	Zip Code
Kenner	LA	70065-1139

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Bajaj Allianz	Insurance Agent

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A974ADD5A8CAD4CA3836**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**John Fabre**

Mailing Address 11328 Bains Rd

City	State	Zip Code
Saint Francisville	LA	70775-4729

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Fabre Group Infiniti Car Dealerships	Owner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AE172ABECFADC4BC79FC**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Laulie Folsie**

Mailing Address 2034 E. Evergreen

City	State	Zip Code
Gonzales	LA	70737-4913

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Food Production

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5B31CC53DECC44089FA**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

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

Mailing Address 1547 Moreland Ave

City	State	Zip Code
Baton Rouge	LA	70808-1171

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
State Of Louisiana	Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A6F1819C6382D4335AA4**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Townley**

Mailing Address 62 La Rue Dr

City	State	Zip Code
Huntington	NY	11743-2502

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/a	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A0C5107B15DE84FB394D**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Jelene Boyd**

Mailing Address 704 Prevost Dr

City	State	Zip Code
Houma	LA	70364-2058

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Town & Country	Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A423E682ADF9A46ED8B2**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....

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

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Roland Eckenhausen</b> Mailing Address 23 Saranac Rd. City Sea Ranch Lakes State FL Zip Code 33308-2910		<b>Transaction ID : A7DD2C188AD2C4C589C2</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer N/a	Occupation N/a	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Richard Rogers</b> Mailing Address 2417 Fuller Rd. City West Des Moines State IA Zip Code 50265-5603		<b>Transaction ID : A62111B9F66B84C508ED</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/a	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Barbara Smart</b> Mailing Address 2310 25Th St City Anacortes State WA Zip Code 98221-2483		<b>Transaction ID : A8D034B62E03C43AFB42</b> Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/a	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 235.00	

**Subtotal Of Receipts This Page (optional)**.....▶ 350.00

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Cave**

Mailing Address 132 Pine Needle Way

City	State	Zip Code
Santa Rosa Beach	FL	32459-7918

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Cypress Group LLC	Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : AD6DED93BE8FC4014BB9**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

**B.** Full Name (Last, First, Middle Initial)  
**Don Kreger**

Mailing Address 1715 Pecan Park Dr.

City	State	Zip Code
Arlington	TX	76012-3031

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Kreger Concrete	Owner

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : A5A82E7046BAC4BD0883**

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>
-------------------------------------

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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
---------------------

Amount of Each Receipt this Period

<input type="text"/>
----------------------

**Subtotal Of Receipts This Page** (optional).....

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



# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**JINDAL FOR PRESIDENT**

**A.** Full Name (Last, First, Middle Initial)  
**Crescent River Port Pilots' Association**

Mailing Address 8712 Highway 23

City	State	Zip Code
Belle Chasse	LA	70037-2228

FEC ID number of contributing federal political committee. **C** C00221077

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Transaction ID : A9D9FEC61B5234CD7983

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2015

Amount of Each Receipt this Period  
5000.00

**B.** 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

Amount of Each Receipt this Period

**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

Amount of Each Receipt this Period

**Subtotal Of Receipts This Page** (optional).....▶ 5000.00

**Total This Period** (last page this line number only).....▶ 5000.00

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Cold Harbor Films</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 815 Slaters Ln		<b>Transaction ID : B8AB9A2F2ABF84ED1ABF</b>
City Alexandria	State VA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 3135.31
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>B. Kingfish Communications</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 10500 Coursey Blvd Suite 104		<b>Transaction ID : B77DF10276CB34C42836</b>
City Baton Rouge	State LA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 300.00
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>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B474620EA282148EDA12</b>
City Phoenix	State AZ	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 448.60
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 Receipts This Page (optional)..... 3883.91

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Go Big Media Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 718 7th Street NW 2nd Floor		<b>Transaction ID : B2ADDFD86DBBC49DA89F</b>
City Washington	State DC	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 7576.50
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>B. RED EAGLE MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 815 Slater Lane		<b>Transaction ID : B7BD9948CD7D747A18F4</b>
City Alexandria	State VA	
Purpose of Disbursement Media Services	Candidate Name	Amount of Each Disbursement this Period 29000.00
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>C. BAUTSCH GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2023 North Woodchase Court		<b>Transaction ID : BC2D2EEAB36C34FE2885</b>
City Baton Rouge	State LA	
Purpose of Disbursement Event Services	Candidate Name	Amount of Each Disbursement this Period 920.00
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 Receipts This Page** (optional)..... 37496.50

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ASCAP</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO Box 331608-7515		<b>Transaction ID : B3570414AF88849A49A0</b>
City Nashville	State TN	
Purpose of Disbursement Subscription	Candidate Name	Amount of Each Disbursement this Period \$ 250.00
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>B. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 13156 Briargrove Ave		<b>Transaction ID : B7418EAAC3E714068BA7</b>
City Baton Rouge	State LA	
Purpose of Disbursement Food & Beverage Reimbursement	Candidate Name	Amount of Each Disbursement this Period \$ 3029.64
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>c. Dallas Audio Post</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2445 Lacy Lane		<b>Transaction ID : BC7AD793BA6CE46F4932</b>
City Carrollton	State TX	
Purpose of Disbursement Event Service	Candidate Name	Amount of Each Disbursement this Period \$ 460.00
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 Receipts This Page** (optional)..... **\$ 3739.64**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 232

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 205 Pennsylvania Ave.		<b>Transaction ID : B2F67FCE6C2F5499C9A9</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Compliance Services	Amount of Each Disbursement this Period 9000.00
Candidate Name	Category/Type	
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>B. ON MESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 705 Melvin Ave #105		<b>Transaction ID : B9DA6FB3AF0C04C7ABB8</b>
City Annapolis	State MD	
Zip Code 21401-1534	Purpose of Disbursement Event Collateral Reimbursement	Amount of Each Disbursement this Period 189.22
Candidate Name	Category/Type	
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>C. GRAND SLAM FINANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 5930 REPUBLIC OF TEXAS		<b>Transaction ID : B5CA79AFEB0C349BD978</b>
City Austin	State TX	
Zip Code 78735-6479	Purpose of Disbursement Accounting Services	Amount of Each Disbursement this Period 8437.71
Candidate Name	Category/Type	
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 Receipts This Page** (optional)..... 17626.93

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Targeted Creative Comm Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 106 S Columbus St		<b>Transaction ID : B517E79C3E1BF488EA65</b>
City Alexandria	State VA	
Purpose of Disbursement Printing	Candidate Name	Amount of Each Disbursement this Period 5038.24
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. CAPITOL CITY PRODUCE</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 16550 COMMERCIAL AVENUE		<b>Transaction ID : BFF13E9AEBAF14E98A64</b>
City Baton Rouge	State LA	
Purpose of Disbursement Event Food Service	Candidate Name	Amount of Each Disbursement this Period 663.03
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Ready Portion Meat Company</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1546 CHOCTAW DRIVE		<b>Transaction ID : B982732EBBFF48E2894</b>
City Baton Rouge	State LA	
Purpose of Disbursement Event Food Service	Candidate Name	Amount of Each Disbursement this Period 984.03
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:	Category/ Type	

**Subtotal Of Receipts This Page** (optional)..... 6685.30

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Ocean Select Seafood Llc</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1019 NINA HWY		<b>Transaction ID : BC8C32D127320456FB1C</b>
City Breux Bridge	State LA	
Purpose of Disbursement Event Food Service	Category/ Type	Amount of Each Disbursement this Period 1199.60
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BB02A824CF0AA43C4A81</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Category/ Type	Amount of Each Disbursement this Period 502.60
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>c. Sidney Babin</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4851 LOIS DR		<b>Transaction ID : B8900178DC8BF4832B46</b>
City Zachary	State LA	
Purpose of Disbursement Event Musician	Category/ Type	Amount of Each Disbursement this Period 400.00
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 Receipts This Page** (optional)..... 1199.60

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. GRASSROOTS TARGETING</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 707 Prince Street		<b>Transaction ID : B0C57119E01D74624AA3</b>
City Alexandria	State VA	
Purpose of Disbursement Database Services	Candidate Name	Amount of Each Disbursement this Period 7501.37
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B6A43E030E96C4A17AFE</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 502.60
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B53BC72032D9C433F8A7</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 502.60
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 Receipts This Page** (optional)..... 8506.57

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Logicom Llc</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 20 KERLIND COURT		<b>Transaction ID : BFE1470FFB99345F28B0</b>
City Franklin	State TN	
Purpose of Disbursement Event Production Services	Candidate Name	Amount of Each Disbursement this Period 36591.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Vernell Davis</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 8673 MANDELA DRIVE		<b>Transaction ID : B9EBD6B8D735F4A978D6</b>
City New Roads	State LA	
Purpose of Disbursement Event Musician	Candidate Name	Amount of Each Disbursement this Period 300.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Matherne's</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 7580 BLUEBONNET BLVD		<b>Transaction ID : B1017F71B2E17438BBC2</b>
City Baton Rouge	State LA	
Purpose of Disbursement Event Food Service	Candidate Name	Amount of Each Disbursement this Period 319.18
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 37210.18

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B938DDCC821F84CE29CE</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 999,999.99 502.60
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>B. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : BD6A7E306B2B54E70A5F</b>
City Chicago	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 999,999.99 69.75
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B6265BF89294D48DAACE</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 999,999.99 327.60
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 Receipts This Page** (optional)..... 899.95

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : BCB369BE161E44A5BB14</b>
City Chicago	State IL Zip Code 60661-2559	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 25.00
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B981F2B1159984EDCA78</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 327.60
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BB9F784AC0AD54487855</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 327.60
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 Receipts This Page** (optional)..... 680.20

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 232

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : BD6AA9F2CABBC494280A</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 465.00
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>B. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B60F92DD84C0345608F2</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 465.00
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>c. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B6B9BE691185849D4BD1</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 465.00
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 Receipts This Page (optional)..... **1395.00**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**JINDAL FOR PRESIDENT**

**A. Hilton Garden Inn Des Moines**

Full Name (Last, First, Middle Initial)  
Mailing Address 8600 Northpark Drive

City Johnston State IA Zip Code 50131-2888

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : B2C2DC413ED794903AC9

Amount of Each Disbursement this Period: 105.73

Category/Type

**B. Jet Blue**

Full Name (Last, First, Middle Initial)  
Mailing Address 2701 QUEENS PLZ N FL6

City New York State NY Zip Code 11100

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : B0EA4CDE4E26C4C9496D

Amount of Each Disbursement this Period: 465.00

Category/Type

**C. Hilton Garden Inn Council Bluffs**

Full Name (Last, First, Middle Initial)  
Mailing Address 2702 Mid America Drive

City Council Bluffs State IA Zip Code 51501-8291

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : BEA6B65F61E5A481A9D5

Amount of Each Disbursement this Period: 146.48

Category/Type

Subtotal Of Receipts This Page (optional)..... 717.21

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : BA45E12CF29F24E4F8FC</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 195.11
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>B. Homewood Suites-Dover</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 21 MEMBERS WAY		<b>Transaction ID : BB5D703EF3A5D4CCD9C5</b>
City Dover	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 184.21
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>C. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B3A6A9668414645BF8C0</b>
City Chicago	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period \$ 25.00
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 Receipts This Page** (optional)..... → \$ 404.32

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Homewood Suites-Dover</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 21 MEMBERS WAY		<b>Transaction ID : B47D5EAD7E7804A2A8CE</b>
City Dover	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 184.21
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Homewood Suites-Dover</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 21 MEMBERS WAY		<b>Transaction ID : B094535B9F7D14C81BE8</b>
City Dover	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 184.21
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : BAF836C4FA5084D1E923</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 195.11
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 563.53

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : BBC5B8D16D7C840038FC</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 195.11
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B3DA1280CBCFF4FCE83E</b>
City Phoenix	State AZ	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 669.20
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B27CB4C2B4F45468D9BB</b>
City Phoenix	State AZ	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 372.60
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 1236.91

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B447C1D0CBAA8469EA6A</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 442.60
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>B. HILTON BOSTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address ONE HOTEL DRIVE		<b>Transaction ID : B4532FC762B2C4213807</b>
City Boston	State MA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 365.09
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>c. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : B87DEB84EB939488D9B5</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 227.81
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 Receipts This Page (optional)..... 1035.50

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BE1F4E238B6694E12932</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period \$ 317.60
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : B0E2F7AAE3CE94F40858</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 235.81
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Hilton Garden Inn-Manchester</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 101 S COMMERCIAL ST		<b>Transaction ID : B9B02618192384FDFAEA</b>
City Manchester	State NH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 229.81
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... **783.22**

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BB925C402F8EE47909B7</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 317.60
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B8F1E4A93E51B4394951</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 317.60
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>C. ON MESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 705 Melvin Ave #105		<b>Transaction ID : B1B01232F4BC44A0493A</b>
City Annapolis	State MD	
Purpose of Disbursement Campaign Consulting	Candidate Name	Amount of Each Disbursement this Period 20000.00
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 Receipts This Page (optional)..... 20635.20

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Targeted Creative Comm Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 106 S Columbus St		<b>Transaction ID : B9F80040AC4A248EBB05</b>
City Alexandria	State VA	
Purpose of Disbursement Printing	Candidate Name	Amount of Each Disbursement this Period 8717.48
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HILTON BOSTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address ONE HOTEL DRIVE		<b>Transaction ID : B6E4E6593E6204BAD888</b>
City Boston	State MA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 365.09
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Teenpact Leadership Schools</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 610 Moorefield Park Drive #70		<b>Transaction ID : B0A32C38E28ED40D7B16</b>
City North Chesterfield	State VA	
Purpose of Disbursement List Acquisition	Candidate Name	Amount of Each Disbursement this Period 131.00
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 9213.57

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON BOSTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address ONE HOTEL DRIVE		<b>Transaction ID : B1EA1C78682BF4CAAB35</b>
City Boston	State MA	
Zip Code 02128-5500	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 365.09
Candidate Name	Category/Type	
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>B. WOI-TV</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 3903 WESTOWN PARKWAY		<b>Transaction ID : B85D4B689369C4B05BA5</b>
City West Des Moines	State IA	
Zip Code 50266-1009	Purpose of Disbursement Communication Services	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/Type	
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>C. BAUTSCH GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2023 North Woodchase Court		<b>Transaction ID : B72836F6FCDA74D6797D</b>
City Baton Rouge	State LA	
Zip Code 70808-4023	Purpose of Disbursement Fundraising Consulting	Amount of Each Disbursement this Period 12856.25
Candidate Name	Category/Type	
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 Receipts This Page** (optional)..... 13821.34

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B0FF8CCACB46E421AB90</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 407.60
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN - DUBUQUE</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3434 Dodge Street		<b>Transaction ID : BAAE216603BDB4A1CA7A</b>
City Dubuque	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 143.38
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BF81D98B4DADA4A9A836</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 407.60
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 958.58

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BB4A94BA237D948F1881</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 407.60
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>B. HAMPTON INN - DUBUQUE</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3434 Dodge Street		<b>Transaction ID : BB7B62AD814904B7B8C6</b>
City Dubuque	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 138.88
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>C. HOMEWOOD SUITES- CEDAR RAPIDS</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1140 Park Place NE		<b>Transaction ID : BEF000ED6087844CA814</b>
City Cedar Rapids	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 139.35
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 Receipts This Page** (optional)..... 685.83

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HOMEWOOD SUITES- CEDAR RAPIDS</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1140 Park Place NE		<b>Transaction ID : B57945BFA6D714D58A79</b>
City Cedar Rapids	State IA Zip Code 52402-4882	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 134.35
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>B. HAMPTON INN - DUBUQUE</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 3434 Dodge Street		<b>Transaction ID : B7D1161A6138B41AEAA9</b>
City Dubuque	State IA Zip Code 52003-5213	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 138.88
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>C. HOMEWOOD SUITES- CEDAR RAPIDS</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1140 Park Place NE		<b>Transaction ID : BB5B8F91143DE4287A71</b>
City Cedar Rapids	State IA Zip Code 52402-4882	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 140.85
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 Receipts This Page** (optional)..... 414.08

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN LODGE-ANAMOSA</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 101 Harley Avenue		<b>Transaction ID : B9431B2CAE63040BC8B0</b>
City Anamosa	State IA Zip Code 52205-4709	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 123.09
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>B. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1013 Centre Rd		<b>Transaction ID : B8A41EEFBABF540799DC</b>
City Wilmington	State DE Zip Code 19805-1265	
Purpose of Disbursement Office Supplies	Category/Type	Amount of Each Disbursement this Period 198.81
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>C. AMERICAN LODGE-ANAMOSA</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 101 Harley Avenue		<b>Transaction ID : BC12C9EF3B04D41DAA32</b>
City Anamosa	State IA Zip Code 52205-4709	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 134.29
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 Receipts This Page (optional)..... 456.19

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN LODGE-ANAMOSA</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 101 Harley Avenue		<b>Transaction ID : BA9C16534D89544359BC</b>
City Anamosa	State IA Zip Code 52205-4709	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 134.29
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B4E5FCF9501D74F7A852</b>
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 532.60
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>C. MORGAN ARNOLD</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 535 Ursuline Dr.		<b>Transaction ID : B518098D938824D6CA22</b>
City Baton Rouge	State LA Zip Code 70808-4767	
Purpose of Disbursement Administrative Consulting Services	Category/Type	Amount of Each Disbursement this Period 1500.00
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 Receipts This Page (optional)..... 2166.89

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 232

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. Double Tree- Cedar Rapids**

Mailing Address 350 1st Ave NE

City Cedar Rapids State IA Zip Code 52401-1108

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B7066CACABAA34EC9B18

Amount of Each Disbursement this Period

1	8	4	.	7	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO BOX 20980

City Atlanta State GA Zip Code 30320-0980

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : BC691C493C7D24126BAA

Amount of Each Disbursement this Period

6	5	2	.	6	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**c. Double Tree- Cedar Rapids**

Mailing Address 350 1st Ave NE

City Cedar Rapids State IA Zip Code 52401-1108

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B9B9571F9259A4B46AEC

Amount of Each Disbursement this Period

1	6	7	.	9	5
---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 1005.30

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BC2B8DB4F287C4A99A0A</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period \$ 361.60
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>B. Law Offices of Heather Sidwell Morris</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address P.O. Box 173207		<b>Transaction ID : BCC4BE144211344AEBD3</b>
City Tampa	State FL	
Purpose of Disbursement Legal Consulting	Candidate Name	Amount of Each Disbursement this Period \$ 3500.00
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>c. Mr. Taylor Teepel</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 2055 SW Cascades Falls Dr.		<b>Transaction ID : B6A07C42B89CF4B95A95</b>
City Ankeny	State IA	
Purpose of Disbursement Rent Allowance	Candidate Name	Amount of Each Disbursement this Period \$ 2000.00
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 Receipts This Page** (optional)..... \$ 5861.60

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B18D097AB939E40D3AEF</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes		Amount of Each Disbursement this Period 51182.76
Candidate Name	Category/ Type	
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B52BA0A88D9D943C0B1C</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 361.60
Candidate Name	Category/ Type	
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>c. Double Tree- Cedar Rapids</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 350 1st Ave NE		<b>Transaction ID : B0B6F0C34201340B1B79</b>
City Cedar Rapids	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 171.95
Candidate Name	Category/ Type	
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 Receipts This Page (optional)..... 51716.31

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BC5F8E57C507343D5848</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 361.60
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : B3CE9DCFEFE0D4F57B25</b>
City Des Moines	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 709.44
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : B6DFDE45A9B8245D9AE0</b>
City Davenport	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 150.08
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 1221.12

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : B3EECC5DD5A944A10A51</b>
City Davenport	State IA Zip Code 52807-3872	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 161.28
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>B. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : BF97734B041214D259B6</b>
City Davenport	State IA Zip Code 52807-3872	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 161.28
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>C. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : B5432655656614DE8B0A</b>
City Davenport	State IA Zip Code 52807-3872	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 175.00
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 Receipts This Page** (optional)..... 497.56

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : B31144672BBB046E7B08</b>
City Davenport	State IA Zip Code 52807-3872	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 150.08
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>B. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : BC66B813D64F44BA9A42</b>
City Des Moines	State IA Zip Code 50309-4703	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 685.44
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>c. Walmart Stores, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 702 Southwest		<b>Transaction ID : B49018941EF5E4CC0B3E</b>
City Bentonville	State AR Zip Code 72716	
Purpose of Disbursement Food/Beverage	Category/Type	Amount of Each Disbursement this Period 504.94
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 Receipts This Page (optional)..... 1340.46

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Walmart Stores, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 702 Southwest		<b>Transaction ID : BE70F030638E94746B0A</b>
City Bentonville	State AR Zip Code 72716	
Purpose of Disbursement Food/Beverage	Category/Type	Amount of Each Disbursement this Period 100.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	100.00
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>B. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : B3B117534808E4D41881</b>
City Des Moines	State IA Zip Code 50309-4703	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 311.36
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	311.36
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>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B306F6192C7B24841851</b>
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement Airfare	Category/Type	Amount of Each Disbursement this Period 273.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	273.10
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

**Subtotal Of Receipts This Page** (optional)..... 1089.40

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : BABD6FEDC02644D8A885</b>
City Des Moines	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 311.36
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B681159958D0444C9BF3</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 273.10
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>C. RED EAGLE MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 815 Slater Lane		<b>Transaction ID : B56D682E92D294D65AFA</b>
City Alexandria	State VA	
Purpose of Disbursement Media Services	Candidate Name	Amount of Each Disbursement this Period 1058.82
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 Receipts This Page** (optional)..... 1643.28

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B9340246F01634039BBC</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 273.10
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>B. Faulk &amp; Winkler LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6811 Jefferson Hwy		<b>Transaction ID : BB611C4808DB94BC196D</b>
City Baton Rouge	State LA	
Purpose of Disbursement Legal Services	Candidate Name	Amount of Each Disbursement this Period 1950.00
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>c. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : BFADC3F0E5B6E4ED4A11</b>
City Des Moines	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 311.36
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 Receipts This Page** (optional)..... 2534.46

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B469E6DF9980F42EFADC</b>
City Chicago	State IL Zip Code 60661-2559	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 65.97
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>B. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B3AACE06F57844460A1E</b>
City New York	State NY Zip Code 11100	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 519.97
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>c. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B5AE9E68FB02643FAB23</b>
City New York	State NY Zip Code 11100	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 519.97
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 Receipts This Page** (optional)..... 1105.91

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B08028FBFE72543139A9</b>
City Chicago	State IL	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 90.00
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>B. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 790 7th Ave.		<b>Transaction ID : BDB0062C01DCC4261853</b>
City New York	State NY	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 551.32
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>c. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B4296595B090C48FA822</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 519.97
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 Receipts This Page** (optional)..... 1161.29

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 790 7th Ave.		<b>Transaction ID : B15DAE1521DDC4764895</b>
City New York	State NY	
Zip Code 10019-6204	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 486.96
Candidate Name	Category/ Type	
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>B. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 790 7th Ave.		<b>Transaction ID : B1574A8E7BC424D92B7F</b>
City New York	State NY	
Zip Code 10019-6204	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 505.44
Candidate Name	Category/ Type	
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>C. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : BF7FDB352B3FC40E1A9A</b>
City Chicago	State IL	
Zip Code 60661-2559	Purpose of Disbursement Airfare	Amount of Each Disbursement this Period 21.99
Candidate Name	Category/ Type	
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 Receipts This Page** (optional)..... 1014.39

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. RED EAGLE MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 815 Slater Lane		<b>Transaction ID : B7EA8109294B04115830</b>
City Alexandria	State VA	
Purpose of Disbursement Media Services	Candidate Name	Amount of Each Disbursement this Period 24950.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. E3 Post Production</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 815 Slaters Lane		<b>Transaction ID : BB7277F51EC7843D49A1</b>
City Alexandria	State VA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 12000.00
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Cold Harbor Films</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 815 Slaters Ln		<b>Transaction ID : B5612B78C6DF5449D95F</b>
City Alexandria	State VA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 5310.00
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: _____	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... 42260.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B31CCA0C03EA94C35BB2</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period \$ 544.10
Candidate Name	Category/ Type	
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>B. Gail Gitcho</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 142 Commercial St #501		<b>Transaction ID : B48E181B564694FC19C9</b>
City Boston	State MA	
Purpose of Disbursement Political Consulting		Amount of Each Disbursement this Period \$ 12331.00
Candidate Name	Category/ Type	
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>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : BBBFFA8D3B7EB47008E2</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period \$ 384.10
Candidate Name	Category/ Type	
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 Receipts This Page (optional)..... **13259.20**

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : BDDFB3F357B543BF85B</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 384.10
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : BBF3582FF3D484816BAB</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 453.10
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : B4BB5531E6CDE4281A93</b>
City New York	State NY	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 453.10
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) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 1290.30

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : B69B283F8553C4DE3A51</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 884.10
Candidate Name	Category/ Type	
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>B. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 790 7th Ave.		<b>Transaction ID : BA6D27358D7724575BF7</b>
City New York	State NY	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 10.00
Candidate Name	Category/ Type	
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>c. Jet Blue</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 2701 QUEENS PLZ N FL6		<b>Transaction ID : BFD512879A5E7454A867</b>
City New York	State NY	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 453.10
Candidate Name	Category/ Type	
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 Receipts This Page** (optional)..... 847.20

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : BEA07CBCDB04541CDA34</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 384.10
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>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 3180 18th St		<b>Transaction ID : BF43CF57DA3164918964</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period 207.11
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>C. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B78F21C274BFB421E80F</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 50608.90
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 Receipts This Page (optional)..... 51200.11

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B8C41BDE62686404D884</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 119.50
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B5D274792F48B4951888</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 119.50
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BB7F99C1E2DB048D7B3D</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 557.60
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 796.60

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BBE7AB5F4CB274E748E9</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period \$ 119.50
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:	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. eDonation.com</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 117 North Saint Asaph Street		<b>Transaction ID : BE8830F194AB54D42986</b>
City Alexandria	State VA	
Purpose of Disbursement Credit Card Processing/List Rental	Candidate Name	Amount of Each Disbursement this Period \$ 28824.58
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:	Category/ Type

Full Name (Last, First, Middle Initial) <b>c. Shopify</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 150 Elgin Street 8th floor Ottawa, ON, Canada		<b>Transaction ID : B8DB29FB139F44B47AA9</b>
City Ottawa	State ZZ	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period \$ 138.24
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:	Category/ Type

**Subtotal Of Receipts This Page** (optional)..... → \$ 29082.32

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		<b>Transaction ID : B66E7A37A2227496B98D</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period 2756.08
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B2DDA6975195C4818BD3</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 557.60
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>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BFB0B5195B30B4571B59</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 557.60
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 Receipts This Page (optional)..... 3871.28

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BA2DF2E782DD648C89DB</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 426.10
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BB2B1298AAC2A4DC6825</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 426.10
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: _____	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : B3028890B53CD45C9B9E</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 373.60
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: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 1225.80

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : B21EBFF46F2644F7E814</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 373.60
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B703E68D83DDF4C1A9A3</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 426.10
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 790 7th Ave.		<b>Transaction ID : BE805C32E9BEA43A3937</b>
City New York	State NY	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 10.00
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) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 809.70

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1200 E ALGONQUIN RD		Transaction ID : <b>BF156A3A920EA43579A8</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 373.60
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) ▼	Category/ Type
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Manhattan At Times Square</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 790 7th Ave.		Transaction ID : <b>BCDB561259C474B28B87</b>
City New York	State NY	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 27.00
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) ▼	Category/ Type
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. ON MESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 705 Melvin Ave #105		Transaction ID : <b>B682C146872224902811</b>
City Annapolis	State MD	
Purpose of Disbursement Campaign Consulting	Candidate Name	Amount of Each Disbursement this Period 33528.20
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) ▼	Category/ Type
State:      District:		

Subtotal Of Receipts This Page (optional)..... 33928.80

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. GRASSROOTS TARGETING</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 707 Prince Street		<b>Transaction ID : B9E5EE10A7A3B447DB55</b>
City Alexandria	State VA	
Zip Code 22314-3004	Purpose of Disbursement Database Services	Amount of Each Disbursement this Period 1543.51
Candidate Name	Category/ Type	
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>B. HILTON BOSTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address ONE HOTEL DRIVE		<b>Transaction ID : B9E4231AB7A894EDCAAB</b>
City Boston	State MA	
Zip Code 02128-5500	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 547.17
Candidate Name	Category/ Type	
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>C. PATHAR</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 5825 Mark Dabling Blvd #160		<b>Transaction ID : BDC71B9C465B74F6BA5F</b>
City Colorado Springs	State CO	
Zip Code 80919-2236	Purpose of Disbursement List acquisition	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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 Receipts This Page (optional)..... 3090.68

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. BAUTSCH GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 2023 North Woodchase Court		<b>Transaction ID : B5551257047274CF79B5</b>
City Baton Rouge	State LA	
Purpose of Disbursement Fundraising Consulting	Category/ Type	Amount of Each Disbursement this Period 7056.59
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>B. Friends of Bobby Jindal</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 2023 North Woodchase Ct		<b>Transaction ID : B74488F2BCE1A45EDA2E</b>
City Baton Rouge	State LA	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 216.70
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>C. GRAND SLAM FINANCE</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 5930 REPUBLIC OF TEXAS		<b>Transaction ID : B7C84A4E25ABB4EFBABB</b>
City Austin	State TX	
Purpose of Disbursement Accounting Services	Category/ Type	Amount of Each Disbursement this Period 13805.42
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 Receipts This Page (optional)..... 21078.71

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON BOSTON AIRPORT</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address ONE HOTEL DRIVE		<b>Transaction ID : B1E4955527CC3468090B</b>
City Boston	State MA	
Zip Code 02128-5500	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 704.41
Candidate Name	Category/Type	
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>B. Holiday Inn- Mason City</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 3041 4th Street SW		<b>Transaction ID : B45F17270CA2B472BA70</b>
City Mason City	State IA	
Zip Code 50401-1567	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 179.19
Candidate Name	Category/Type	
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>c. Hampton Inn- Cleveland Airport</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10305 Cascade Crossing		<b>Transaction ID : B3BA56F756B494C60BB1</b>
City Brooklyn	State OH	
Zip Code 44144-2320	Purpose of Disbursement Lodging	Amount of Each Disbursement this Period 347.18
Candidate Name	Category/Type	
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 Receipts This Page (optional)..... 1230.78

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn- Cleveland Airport</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10305 Cascade Crossing		<b>Transaction ID : B8CAE3B18F84244F6AAE</b>
City Brooklyn	State OH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 819.33
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn- Mason City</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 3041 4th Street SW		<b>Transaction ID : B3DC442FFB04B495C81C</b>
City Mason City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 183.19
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Hampton Inn- Waterloo</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 2034 La Porte Rd		<b>Transaction ID : B6019113A5FFB4B568A4</b>
City Waterloo	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 288.96
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 819.33

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn- Waterloo</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 2034 La Porte Rd		<b>Transaction ID : B07BC883CC2C5421AA64</b>
City Waterloo	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 266.56
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hampton Inn- Cedar Rapids</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 3265 6th St SW		<b>Transaction ID : BC96BB969CB1B416BB8F</b>
City Cedar Rapids	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 122.08
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Hampton Inn- Cedar Rapids</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 3265 6th St SW		<b>Transaction ID : B13AC30AB4F5E4BE8943</b>
City Cedar Rapids	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period \$ 122.08
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... → \$ 510.72

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn- Des Moines</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 120 SW Water Street		<b>Transaction ID : BE5D7B04D5D2B45A28A7</b>
City Des Moines	State IA	
Purpose of Disbursement Lodging	Category/ Type	Amount of Each Disbursement this Period \$ 189.28
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>B. Law Offices of Heather Sidwell Morris</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address P.O. Box 173207		<b>Transaction ID : B6A9B62D4EAE3414CAFC</b>
City Tampa	State FL	
Purpose of Disbursement Legal Consulting	Category/ Type	Amount of Each Disbursement this Period \$ 3565.84
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>C. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B832553D9064B41BAB0A</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes	Category/ Type	Amount of Each Disbursement this Period \$ 50922.91
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 Receipts This Page** (optional)..... \$ 54678.03

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ON MESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 705 Melvin Ave #105		<b>Transaction ID : BB92D6177043B4DBCBC7</b>
City Annapolis	State MD	
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
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>B. MORGAN ARNOLD</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 535 Ursuline Dr.		<b>Transaction ID : BD51B64E5C8C54519977</b>
City Baton Rouge	State LA	
Purpose of Disbursement Administrative Consulting Services		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
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>c. Aristotle International Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 205 Pennsylvania Ave.		<b>Transaction ID : B32F5FD9480CB42278C2</b>
City Washington	State DC	
Purpose of Disbursement Compliance Services		Amount of Each Disbursement this Period 1950.00
Candidate Name	Category/Type	
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 Receipts This Page (optional)..... 5450.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. RED EAGLE MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 815 Slater Lane		<b>Transaction ID : BAE61F549DC4840E0877</b>
City Alexandria	State VA	
Purpose of Disbursement Media Services	Candidate Name	Amount of Each Disbursement this Period 1000.00
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B6D67C63193D542D78DD</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 51541.43
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BAUTSCH GROUP LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 2023 North Woodchase Court		<b>Transaction ID : BE1625DB99FC24E6CA39</b>
City Baton Rouge	State LA	
Purpose of Disbursement Fundraising Consulting	Candidate Name	Amount of Each Disbursement this Period 6185.86
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 58727.29

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Gail Gitcho</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 142 Commercial St #501		<b>Transaction ID : BF2B0B83DDAEA4F77B08</b>
City Boston	State MA	
Purpose of Disbursement Political Consulting	Candidate Name	Amount of Each Disbursement this Period 10000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 5555 Hilton Ave Ste 106		<b>Transaction ID : BF4747E31B64847AFB4D</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period 4646.81
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. eDonation.com</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 117 North Saint Asaph Street		<b>Transaction ID : BA044DD2F2D79486598E</b>
City Alexandria	State VA	
Purpose of Disbursement Credit Card Processing/List Rental	Candidate Name	Amount of Each Disbursement this Period 742.24
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:	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 15389.05

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Shopify</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 150 Elgin Street 8th floor Ottawa, ON, Canada		<b>Transaction ID : B61EA68ECD3A24CEE1F</b>
City Ottawa	State ZZ	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period \$ 12.86
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>B. Stripe</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 3180 18th St		<b>Transaction ID : BCA7CE3111DCC42F5AD8</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing	Candidate Name	Amount of Each Disbursement this Period \$ 24.64
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>c. Standard Register</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO Box 1397		<b>Transaction ID : B4F7811A8849241B79B3</b>
City Dayton	State OH	
Purpose of Disbursement Collateral Material Production	Candidate Name	Amount of Each Disbursement this Period \$ 4935.71
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 Receipts This Page** (optional)..... → \$ 4973.21

**Total This Period** (last page this line number only)..... →

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Screenscape Studios</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 4800 Corporate Drive		<b>Transaction ID : BB165FD284BBC46CAA63</b>
City West Des Moines	State IA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 9,999.99 816.20
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>B. GRAND SLAM FINANCE</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 5930 REPUBLIC OF TEXAS		<b>Transaction ID : BDF7B35729C3E480F85E</b>
City Austin	State TX	
Purpose of Disbursement Accounting Services	Candidate Name	Amount of Each Disbursement this Period 9,999.99 7604.03
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>C. RED EAGLE MEDIA GROUP</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 815 Slater Lane		<b>Transaction ID : BB87E42A2ED9E43F5A7D</b>
City Alexandria	State VA	
Purpose of Disbursement Media Services	Candidate Name	Amount of Each Disbursement this Period 9,999.99 1000.00
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 Receipts This Page (optional)..... 9420.23

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. GRASSROOTS TARGETING</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 707 Prince Street		<b>Transaction ID : BE1F291B810FA4246913</b>
City Alexandria	State VA	
Purpose of Disbursement Database Services	Candidate Name	Amount of Each Disbursement this Period 3892.21
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ON MESSAGE INC</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 705 Melvin Ave #105		<b>Transaction ID : B7756367609E941D3ADB</b>
City Annapolis	State MD	
Purpose of Disbursement Campaign Consulting	Candidate Name	Amount of Each Disbursement this Period 17848.24
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Law Offices of Heather Sidwell Morris</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address P.O. Box 173207		<b>Transaction ID : BF755019785134D00A0C</b>
City Tampa	State FL	
Purpose of Disbursement Legal Consulting	Candidate Name	Amount of Each Disbursement this Period 3500.00
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 25240.45

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Targeted Creative Comm Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 106 S Columbus St		<b>Transaction ID : B68243D936AF44CFF9BB</b>
City Alexandria	State VA	
Purpose of Disbursement Printing	Candidate Name	Amount of Each Disbursement this Period 923.14
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>B. South Carolina Republican Party</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 1913 Marion Street		<b>Transaction ID : B0038A56A29D0421ABD4</b>
City Columbia	State SC	
Purpose of Disbursement Candidate Filing Fee	Candidate Name	Amount of Each Disbursement this Period 40000.00
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>C. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B224B6EF7A34546C2942</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period 51243.54
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 Receipts This Page** (optional)..... 92036.68

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Go Big Media Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 718 7th Street NW 2nd Floor		<b>Transaction ID : B31F7F47DC881412E8AA</b>
City Washington	State DC	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 4100.00
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>B. Matherne's</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 7580 BLUEBONNET BLVD		<b>Transaction ID : B95D11CF9D3E84124910</b>
City Baton Rouge	State LA	
Purpose of Disbursement Event Food Service	Candidate Name	Amount of Each Disbursement this Period 1057.63
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>C. MORGAN ARNOLD</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 535 Ursuline Dr.		<b>Transaction ID : B3F0D0552E13941C5891</b>
City Baton Rouge	State LA	
Purpose of Disbursement Administrative Consulting Services	Candidate Name	Amount of Each Disbursement this Period 1000.00
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 Receipts This Page (optional)..... 6157.63

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Anytime Fitness</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 9315 Mansfield Rd		<b>Transaction ID : BEA455DF2BD8F40C492C</b>
City Shreveport	State LA	
Purpose of Disbursement Facility Usage		Amount of Each Disbursement this Period 53.91
Candidate Name	Category/ Type	
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>B. INSPERITY</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 8171 Mable Lawn Blvd		<b>Transaction ID : B0349FF651CD84CDCAC7</b>
City Fulton	State MD	
Purpose of Disbursement Payroll/Payroll Taxes		Amount of Each Disbursement this Period 51120.46
Candidate Name	Category/ Type	
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>c. Stripe</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 3180 18th St		<b>Transaction ID : BB5DB9694C45B4B88A26</b>
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing		Amount of Each Disbursement this Period 11.66
Candidate Name	Category/ Type	
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 Receipts This Page** (optional)..... 51186.03

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Shopify</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 150 Elgin Street 8th floor Ottawa, ON, Canada		<b>Transaction ID : B420E2774FAC24F01895</b>
City Ottawa	State ZZ Zip Code	
Purpose of Disbursement Credit Card Processing	Category/Type	Amount of Each Disbursement this Period 3.83
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>B. Anedot</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 5555 Hilton Ave Ste 106		<b>Transaction ID : B19135E3C15CA4545A80</b>
City Baton Rouge	State LA Zip Code 70808-2597	
Purpose of Disbursement Credit Card Processing	Category/Type	Amount of Each Disbursement this Period 3575.39
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>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address P.O. Box 650448		<b>Transaction ID : B037B7723B5894083839</b>
City Dallas	State TX Zip Code 75265-0448	
Purpose of Disbursement Credit Card Payment	Category/Type	Amount of Each Disbursement this Period 8245.50
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 Receipts This Page (optional)..... 11824.72

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BB18FB886D1E545498B3</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 2.01
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B425A4607BA1043C190A</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 2.01
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>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : B38E066E611104DC0A09</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 442.60
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1200 E ALGONQUIN RD		Transaction ID : <b>BD13858EE32F7486A84D</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 442.60
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) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1200 E ALGONQUIN RD		Transaction ID : <b>BD797D005ACCA47A087F</b>
City Arlington Heights	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 442.60
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) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>BD0D57E901A164997BD0</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 2.01
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) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B1DF07C478E014DB8B7E</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 25.00
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B1ACE9BE3A4334B4A940</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 60.00
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>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 914 8TH ST SE		<b>Transaction ID : B3706C9FCE34742F387F</b>
City Orange City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 789.60
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 Receipts This Page (optional)..... 0.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 914 8TH ST SE		<b>Transaction ID : B8BA19B65FC3240EFBF0</b>
City Orange City	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 789.60
Candidate Name		<b>[MEMO ITEM]</b>
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>B. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : BD3DF7428DB1144B7A3E</b>
City Sioux City	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 144.48
Candidate Name		<b>[MEMO ITEM]</b>
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>C. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : B93C8189E430A464EAA7</b>
City Sioux City	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 144.48
Candidate Name		<b>[MEMO ITEM]</b>
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 Receipts This Page** (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : B769F28F08EA14E4FB5B</b>
City Sioux City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 144.48
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>B. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : B5905C69A59D04E9AADA</b>
City Sioux City	State IA	
Purpose of Disbursement Food	Candidate Name	Amount of Each Disbursement this Period 4.00
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>C. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : BADF78CA81885478EB04</b>
City Chicago	State IL	
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 21.99
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 914 8TH ST SE		Transaction ID : <b>B243799D8C45E49C0A76</b>
City Orange City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 327.86
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>B. CRONKS CAFE RESTAURANT A</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 812 4TH AVE SOUTH		Transaction ID : <b>BF40E78E86C0B4A0F80C</b>
City Denison	State IA	
Purpose of Disbursement Food	Candidate Name	Amount of Each Disbursement this Period 454.72
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>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 914 8TH ST SE		Transaction ID : <b>B6028A93E69F945169BE</b>
City Orange City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 311.36
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B54E72CFBA5814513AF3</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 257.10
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>B. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B8C3782DF91A34DE0985</b>
City Chicago	State IL	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 65.97
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>C. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B781F771B87554958931</b>
City Chicago	State IL	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 65.97
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 Receipts This Page (optional)..... 0.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN OF WATERLOO</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 2034 LAPORTE RD		<b>Transaction ID : B1D5F79B66BED437481B</b>
City Waterloo	State IA Zip Code 50702-4437	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 138.88
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>B. HAMPTON INN OF WATERLOO</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 2034 LAPORTE RD		<b>Transaction ID : BF9E5584C127C4375975</b>
City Waterloo	State IA Zip Code 50702-4437	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 149.58
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>C. HAMPTON INN OF WATERLOO</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 2034 LAPORTE RD		<b>Transaction ID : BCD07BA98D75540F288F</b>
City Waterloo	State IA Zip Code 50702-4437	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 138.88
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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)  
**JINDAL FOR PRESIDENT**

**A. HILTON GARDEN INN SIOUX**

Full Name (Last, First, Middle Initial)

Mailing Address 1132 LARSEN PARK RD

City State Zip Code  
Sioux City IA 51103-4947

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 04 / 2015

**Transaction ID : BC1BC49CDB12842F188D**

Amount of Each Disbursement this Period  
26.29

[MEMO ITEM]

**B. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd

City State Zip Code  
Ft Worth TX 76155

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 05 / 2015

**Transaction ID : B3524D977AF77465CB12**

Amount of Each Disbursement this Period  
232.10

[MEMO ITEM]

**C. DAYS INN**

Full Name (Last, First, Middle Initial)

Mailing Address 5650 Frontage Rd

City State Zip Code  
Monroe LA 71202-4033

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 05 / 2015

**Transaction ID : B226E27BC0AA04022B91**

Amount of Each Disbursement this Period  
118.98

[MEMO ITEM]

**Subtotal Of Receipts This Page** (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BA162055639B74D2B971</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 237.10
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B04EC83284CA64AB3993</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 237.10
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>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B1362CB7C64954E46BCC</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 232.10
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BE5F5FB9A5DE54959B59</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 232.10
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>B. DAYS INN</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 5650 Frontage Rd		<b>Transaction ID : B5DF7A9123B764F17BF4</b>
City Monroe	State LA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 120.48
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BB5FCE04B41F645DE845</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 237.10
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Lunden Chenevert</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 4005 NICHOLSON DR APT 2109		<b>Transaction ID : BCB8431AA219D40ACA98</b>
City Baton Rouge	State LA	
Purpose of Disbursement Courier Service		Amount of Each Disbursement this Period 58.00
Candidate Name	Category/ Type	
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>B. Federal Express</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address PO BOX 332		<b>Transaction ID : B54B4C19C2F514098A1B</b>
City Memphis	State TN	
Purpose of Disbursement Courier Service		Amount of Each Disbursement this Period 58.00
Candidate Name	Category/ Type	
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Heather O'Donnell</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 7411 N Jefferson Place Circle Apt C		<b>Transaction ID : B5F978935213C42D3AD0</b>
City Baton Rouge	State LA	
Purpose of Disbursement Printing Reimbursement		Amount of Each Disbursement this Period 522.30
Candidate Name	Category/ Type	
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 Receipts This Page** (optional)..... 580.30

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Next Day Signs</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 8700 Florida Blvd #G		<b>Transaction ID : B0CD6929798944156AE7</b>
City Baton Rouge	State LA	
Purpose of Disbursement Printing	Candidate Name	Amount of Each Disbursement this Period 522.30
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>B. Henry Goodwin</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 41 James Farm Rd.		<b>Transaction ID : B08739602759F4E77913</b>
City Lee	State NH	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Amount of Each Disbursement this Period 1983.56
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>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BF73B70388B504771964</b>
City Atlanta	State GA	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 982.20
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 Receipts This Page (optional)..... 1983.56

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn -Ankeny</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 6210 SE Convenience Blvd		<b>Transaction ID : B6A37D715038C45B7A6C</b>
City Ankeny	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 333.76
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B08AA9CD1E83E45B193A</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 351.50
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>
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>c. Kyle Plotkin</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1744 Belmont Ave		<b>Transaction ID : BDE0162D23A1D43DB815</b>
City Baton Rouge	State LA	
Purpose of Disbursement Food/Beverage/Lodging Reimbursement		Amount of Each Disbursement this Period 313.57
Candidate Name	Category/ Type	
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 Receipts This Page** (optional)..... 313.57

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : B57966FD43FE04228BCC</b>
City Sioux City	State IA	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 9.50
Candidate Name		<b>[MEMO ITEM]</b>
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>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : B3A9A1D55B9954D24A52</b>
City Sioux City	State IA	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 11.61
Candidate Name		<b>[MEMO ITEM]</b>
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>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : BD9FB25962CF54E36B2C</b>
City Sioux City	State IA	
Purpose of Disbursement FOOD/BEVERAGE		Amount of Each Disbursement this Period 13.61
Candidate Name		<b>[MEMO ITEM]</b>
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 Receipts This Page** (optional)..... 0.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 13156 Briargrove Ave		<b>Transaction ID : BB86468AEB6304F37B1B</b>
City Baton Rouge	State LA	
Purpose of Disbursement Lodging/Communication Service Reimburse		Amount of Each Disbursement this Period 952.08
Candidate Name		Category/ Type
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>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : BDEC423D2896A42D6854</b>
City Sioux City	State IA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 934.08
Candidate Name		Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Lauren Kyle</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 342 LAFAYETTE ST SUITE C		<b>Transaction ID : B74529E21B11345C7ADC</b>
City Baton Rouge	State LA	
Purpose of Disbursement Office Supply Reimbursement		Amount of Each Disbursement this Period 205.54
Candidate Name		Category/ Type
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 Receipts This Page (optional)..... 1157.62

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 7979 FLORIDA BLVD		<b>Transaction ID : B9C867EF78ABE44EDBBA</b>
City Baton Rouge	State LA	
Purpose of Disbursement Office Supplies	Candidate Name	Amount of Each Disbursement this Period 205.54
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>B. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 13156 Briargrove Ave		<b>Transaction ID : BE998E9D3A1B24FC584B</b>
City Baton Rouge	State LA	
Purpose of Disbursement Transportation Reimbursement	Candidate Name	Amount of Each Disbursement this Period 2766.63
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>c. Emerson Aviation</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 118 Kimball Road		<b>Transaction ID : BE329AB2CAA4E4C77965</b>
City Gilford	State NH	
Purpose of Disbursement Transportation	Candidate Name	Amount of Each Disbursement this Period 2766.63
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 Receipts This Page (optional)..... 2766.63

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 232

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Donald Hains</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 1899 Cheelle Dr		<b>Transaction ID : B3809E0EDE0E846068F5</b>
City Baton Rouge	State LA	
Purpose of Disbursement Food/Transportation Reimbursement	Candidate Name	Amount of Each Disbursement this Period 533.95
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : B99C195C53A2049FCA6B</b>
City San Francisco	State CA	
Purpose of Disbursement Transportation	Candidate Name	Amount of Each Disbursement this Period 141.03
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: _____	Category/Type	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. Mr. Taylor Teepel</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 2055 SW Cascades Falls Dr.		<b>Transaction ID : B8FD318102E394FC19C6</b>
City Ankeny	State IA	
Purpose of Disbursement Travel Expenses	Candidate Name	Amount of Each Disbursement this Period 825.22
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 1359.17

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN-BETTENDORF</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 959 MIDDLE ROAD		Transaction ID : <b>B9FFA056BF0EF4355B21</b>
City Bettendorf	State IA	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 512.96
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>B. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 13156 Briargrove Ave		Transaction ID : <b>BF9153DBD1CC6495FB3A</b>
City Baton Rouge	State LA	
Purpose of Disbursement Communication services reimbursement	Candidate Name	Amount of Each Disbursement this Period 198.55
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>c. Donald Hains</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1899 Cheelle Dr		Transaction ID : <b>B8B97805B121348C1853</b>
City Baton Rouge	State LA	
Purpose of Disbursement Travel Expenses	Candidate Name	Amount of Each Disbursement this Period 389.90
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 Receipts This Page (optional)..... 588.45

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN-DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 5290 UTICA RIDGE RD		<b>Transaction ID : BA767BD6BEEA64873999</b>
City Davenport	State IA Zip Code 52807-3872	
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type	Amount of Each Disbursement this Period 2.00
Candidate Name		[MEMO ITEM]
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>B. Mr. Taylor Teepel</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 2055 SW Cascades Falls Dr.		<b>Transaction ID : B73E37025DEDB4FFB8EB</b>
City Ankeny	State IA Zip Code 50023-7172	
Purpose of Disbursement Transportation reimbursement	Category/ Type	Amount of Each Disbursement this Period 245.25
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>c. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 13156 Briargrove Ave		<b>Transaction ID : B5B3FF2A18E7A4567B2C</b>
City Baton Rouge	State LA Zip Code 70810-5115	
Purpose of Disbursement Communication Services	Category/ Type	Amount of Each Disbursement this Period 168.00
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 Receipts This Page** (optional)..... 413.25

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Microsoft</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address One Microsoft Way		<b>Transaction ID : BB83955218848440FA7A</b>
City Redmond	State WA	
Purpose of Disbursement Communication Services	Candidate Name	Amount of Each Disbursement this Period 688.00
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>B. Heather O'Donnell</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 7411 N Jefferson Place Circle Apt C		<b>Transaction ID : B99DA04DBB9F94645B21</b>
City Baton Rouge	State LA	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Amount of Each Disbursement this Period 6423.45
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>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B566791AA8E944D539A3</b>
City Phoenix	State AZ	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 94.00
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 Receipts This Page (optional)..... 6423.45

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Borgne</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 601 Loyola Ave		<b>Transaction ID : B3237629D6E394BE9B5E</b>
City New Orleans	State LA	
Purpose of Disbursement Food/Beverage	Candidate Name	Amount of Each Disbursement this Period 1522.50
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>B. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B8F1FD096B4464A94B76</b>
City Chicago	State IL	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 2309.07
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>c. Marriott Courtyard-Charlotte Airport</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 2700 Little Rock Rd		<b>Transaction ID : BEEC203A9DA334315AC7</b>
City Charlotte	State NC	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 1009.60
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BBE2E30E90AEC4FFD91F</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 1488.28
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>B. Matt D. Parker</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 4560 Cypress St		<b>Transaction ID : B87732620D4EE440BA2A</b>
City West Monroe	State LA	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Amount of Each Disbursement this Period 3688.30
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>C. CASEY'S GENERAL STORE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1752 HWY 64 EAST		<b>Transaction ID : BA23B1E07C1E84884885</b>
City Anamosa	State IA	
Purpose of Disbursement Transportation Expenses	Candidate Name	Amount of Each Disbursement this Period 58.96
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 Receipts This Page (optional)..... 3688.30

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



# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HY-Vee Gas</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 21 South 25th St		<b>Transaction ID : B923E431EDB784F5C8ED</b>
City Council Bluffs	State IA	
Purpose of Disbursement Transportation Expenses		Amount of Each Disbursement this Period 74.24
Candidate Name		<b>[MEMO ITEM]</b>
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>B. Pizza Ranch</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 3311 5th Ave S		<b>Transaction ID : BA0B694AC2CC34A1394C</b>
City Fort Dodge	State IA	
Purpose of Disbursement Food		Amount of Each Disbursement this Period 321.25
Candidate Name		<b>[MEMO ITEM]</b>
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>C. CASEY'S GENERAL STORE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1752 HWY 64 EAST		<b>Transaction ID : B6B5CA15A008A4EB3AAE</b>
City Anamosa	State IA	
Purpose of Disbursement Transportation Expenses		Amount of Each Disbursement this Period 248.56
Candidate Name		<b>[MEMO ITEM]</b>
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. CASEY'S GENERAL STORE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1752 HWY 64 EAST		<b>Transaction ID : B8E81F489F79B4E578AB</b>
City Anamosa	State IA Zip Code 52205-2125	
Purpose of Disbursement Transportation Expenses	Category/Type	Amount of Each Disbursement this Period 58.11
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>B. RC Rentals</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address PO Box 166		<b>Transaction ID : B67B2AEC6167244F5A37</b>
City Ames	State IA Zip Code 50010-0166	
Purpose of Disbursement Rent Reimbursement	Category/Type	Amount of Each Disbursement this Period 1500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>C. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 914 8TH ST SE		<b>Transaction ID : BC222DDBD72974D739F4</b>
City Orange City	State IA Zip Code 51041-7464	
Purpose of Disbursement Lodging	Category/Type	Amount of Each Disbursement this Period 150.82
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : B0DDCF1CB67214B2797D</b>
City Sioux City	State IA	
Purpose of Disbursement Lodging	Category/ Type	Amount of Each Disbursement this Period 138.88
Candidate Name		[MEMO ITEM]
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>B. Staples</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 500 Staples Dr		<b>Transaction ID : B4C5C41F9EA3E45A7BB7</b>
City Framingham	State MA	
Purpose of Disbursement Office Supplies	Category/ Type	Amount of Each Disbursement this Period 50.81
Candidate Name		[MEMO ITEM]
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>C. Kum &amp; Go</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 6130 NW 86TH ST		<b>Transaction ID : B5A7D6724216F4B058D8</b>
City Johnston	State IA	
Purpose of Disbursement Transportation Expenses	Category/ Type	Amount of Each Disbursement this Period 47.99
Candidate Name		[MEMO ITEM]
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HAMPTON INN</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 914 8TH ST SE		<b>Transaction ID : B0455A1AB6105473F8BC</b>
City Orange City	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 319.26
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>B. HY-Vee Gas</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 21 South 25th St		<b>Transaction ID : BD3BC0315322B4260B2F</b>
City Council Bluffs	State IA	
Purpose of Disbursement Transportation Expenses	Candidate Name	Amount of Each Disbursement this Period 54.10
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>c. Federal Express</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address PO BOX 332		<b>Transaction ID : BC7EBD42A794645689F5</b>
City Memphis	State TN	
Purpose of Disbursement Courier Service	Candidate Name	Amount of Each Disbursement this Period 249.83
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. CASEY'S GENERAL STORE</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1752 HWY 64 EAST		<b>Transaction ID : B01FEA5C7E85148E6979</b>
City Anamosa	State IA Zip Code 52205-2125	
Purpose of Disbursement Transportation Expenses	Category/ Type	Amount of Each Disbursement this Period 63.93
Candidate Name		[MEMO ITEM]
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>B. Heather O'Donnell</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 7411 N Jefferson Place Circle Apt C		<b>Transaction ID : BEE4EDA2E6D8C42E7BE2</b>
City Baton Rouge	State LA Zip Code 70809-7640	
Purpose of Disbursement Delivery service reimbursement	Category/ Type	Amount of Each Disbursement this Period 30.88
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>c. Donald Hains</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 1899 Cheelle Dr		<b>Transaction ID : B33F4244CECAE440E9E9</b>
City Baton Rouge	State LA Zip Code 70806-8412	
Purpose of Disbursement Transportation/delivery service reimburs	Category/ Type	Amount of Each Disbursement this Period 309.28
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 Receipts This Page** (optional)..... 340.16

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address PO BOX 332		<b>Transaction ID : B880AF436970A4630980</b>
City Memphis	State TN	
Purpose of Disbursement Courier Service		Amount of Each Disbursement this Period 6.41
Candidate Name	Category/ Type	[MEMO ITEM]
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>B. Donald Hains</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1899 Cheelle Dr		<b>Transaction ID : B37780AF20DC6479C943</b>
City Baton Rouge	State LA	
Purpose of Disbursement Travel Expenses		Amount of Each Disbursement this Period 648.77
Candidate Name	Category/ Type	
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>C. OFFICE DEPOT</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7979 FLORIDA BLVD		<b>Transaction ID : B54C92B32AA98458C903</b>
City Baton Rouge	State LA	
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 34.52
Candidate Name	Category/ Type	[MEMO ITEM]
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 Receipts This Page (optional)..... 648.77

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Mr. Taylor Teepel</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 2055 SW Cascades Falls Dr.		<b>Transaction ID : BC111E8A23F6645778B4</b>
City Ankeny	State IA	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Amount of Each Disbursement this Period 2240.42
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>B. Kum &amp; Go</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 6130 NW 86TH ST		<b>Transaction ID : B117A9D53DF7A4DE686E</b>
City Johnston	State IA	
Purpose of Disbursement Transportation Expenses	Candidate Name	Amount of Each Disbursement this Period 90.71
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: _____	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>c. Caliber</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 720 68th St		<b>Transaction ID : BA025015F95954E86A8E</b>
City West Des Moines	State IA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 2000.00
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: _____	<b>[MEMO ITEM]</b>	

**Subtotal Of Receipts This Page** (optional)..... 2240.42

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Gail Gitcho</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 142 Commercial St #501		<b>Transaction ID : BC65175986DEC487294B</b>
City Boston	State MA	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Amount of Each Disbursement this Period 831.05
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Marriott New Orleans</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 555 Canal St.		<b>Transaction ID : B0AA7D3A24A6C467BA8C</b>
City New Orleans	State LA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 487.08
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: _____	Category/Type	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. Shannon Dirmann</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4624 Downing Drive		<b>Transaction ID : B31B73A4B567C4EF482D</b>
City Baton Rouge	State LA	
Purpose of Disbursement Facility Rental Reimbursement	Candidate Name	Amount of Each Disbursement this Period 1189.85
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: _____	Category/Type	

**Subtotal Of Receipts This Page** (optional)..... 2020.90

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Hilton New Orleans Riverside</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address Two Poydras St.		<b>Transaction ID : B0712F7DC80B345EDBCF</b>
City New Orleans	State LA	
Purpose of Disbursement Facility Rental	Candidate Name	Amount of Each Disbursement this Period 1189.85
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>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address P.O. Box 650448		<b>Transaction ID : B1724A5F39D6B48B1A35</b>
City Dallas	State TX	
Purpose of Disbursement Travel Expenses	Candidate Name	Amount of Each Disbursement this Period 14433.72
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>C. HOME2 SUITES BY HILTON GR</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 20 BEACON DR		<b>Transaction ID : BC88329FA3F924CE090B</b>
City Greenville	State SC	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 153.90
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 Receipts This Page (optional)..... 14433.72

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BF45207E8749749B3A10</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 438.60
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>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1132 Larse Park Rd		<b>Transaction ID : B0F2BE12627BC411C967</b>
City Sioux City	State IA	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 13.65
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B4811B9592D034D3AB7F</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 802.20
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BF9B3D966220145799D9</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 238.60
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BCD76CE3FAA5347C989F</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 802.20
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>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BFCDBE1FB30AA448C9B7</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 215.10
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B4C00316933354BCABCD</b>
City Phoenix	State AZ	
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period 220.60
Candidate Name		<b>[MEMO ITEM]</b>
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B864A6B0E52864B85B21</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period 215.10
Candidate Name		<b>[MEMO ITEM]</b>
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B8B6C2549151A408BA94</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period 25.00
Candidate Name		<b>[MEMO ITEM]</b>
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 Receipts This Page (optional)..... 0.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : BBA2DF6DF21C54FB08E1</b>
City Sioux City	State IA	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 277.76
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B80DFB09A1C38467C8E0</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 20.09
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B19E7CC1D4A674E12A17</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 13.96
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B6FC284459B0448B3857</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 438.60
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>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B66FF0C3C1DD942D8ABC</b>
City Phoenix	State AZ	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 348.60
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>C. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 500 W Madison St Suite 1000		<b>Transaction ID : B12416A0EC2BF41B294C</b>
City Chicago	State IL	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 65.97
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BC3B4B3604F1E4F20896</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 238.60
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BAF2B5CBAB6A64A63AA6</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 442.60
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B1E126C8A0C5F4A1693A</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 13.77
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 Receipts This Page (optional)..... 0.00

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





# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		Transaction ID : <b>B6EA7D2B9C1E7455FB8F</b>
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 215.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>BF23A6157FC9C41B9AEA</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 13.77
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>B5A39408AAF2A4F65B1F</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 29.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HOME2 SUITES BY HILTON GR</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 20 BEACON DR		Transaction ID : <b>BFF9147AF05AE4C7D865</b>
City Greenville	State SC Zip Code 29615-5032	
Purpose of Disbursement LODGING	Category/Type	Amount of Each Disbursement this Period 309.80
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>BC02F085699234B12A5B</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 13.96
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
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>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : <b>B57FB9EC4FE48460AB2A</b>
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 348.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1200 E ALGONQUIN RD		Transaction ID : <b>B8E88E90FE92544A982A</b>
City Arlington Heights	State IL	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 459.60
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) ▼	[MEMO ITEM]
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		Transaction ID : <b>BE468D1BF1DE143ACB2F</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 442.60
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) ▼	[MEMO ITEM]
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Transaction ID : <b>B5AD22BE5407C47B99A9</b>
City Phoenix	State AZ	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 348.60
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) ▼	[MEMO ITEM]
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B73D5FE496941448AB1D</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 442.60
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B7FC1337CD6394971871</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 50.00
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>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address P.O. Box 650448		<b>Transaction ID : BF481AC5C354C429BB11</b>
City Dallas	State TX	
Purpose of Disbursement CREDIT CARD FEE	Candidate Name	Amount of Each Disbursement this Period 90.00
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>B553921BBE79E431A927</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 25.00
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>B. OMAHA DOWNTOWN HAMPTON IN</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1212 CUMING ST		Transaction ID : <b>BDB6393613ED445BEB48</b>
City Omaha	State NE	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 9.00
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>C. HOLIDAY INN EXPRESS FRANCO</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 3041 4TH STREET SW		Transaction ID : <b>B7B80063B91A349BAB36</b>
City Mason City	State IA	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 201.59
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 Receipts This Page (optional)..... 0.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ORBITZ</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 500 W Madison St Suite 1000		Transaction ID : <b>B28C888DC841343FB877</b>
City Chicago	State IL	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 13.98
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>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		Transaction ID : <b>BEA6DB24016E149DA8B9</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 392.10
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : <b>B9368CCDA70F24410803</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 20.09
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 Receipts This Page (optional)..... 0.00

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. OMAHA DOWNTOWN HAMPTON IN</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1212 CUMING ST		<b>Transaction ID : BBFD3E0219B4597A08</b>
City Omaha	State NE Zip Code 68102-4402	
Purpose of Disbursement LODGING	Category/Type	Amount of Each Disbursement this Period 176.06
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B2B6D32C90E6E4A11B89</b>
City Ft Worth	State TX Zip Code 76155	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 20.09
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
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>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : BD989F2220CEE43A9AE0</b>
City Atlanta	State GA Zip Code 30320-0980	
Purpose of Disbursement AIRFARE	Category/Type	Amount of Each Disbursement this Period 392.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address PO BOX 20980		<b>Transaction ID : B8047DD9247D347458D5</b>
City Atlanta	State GA	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 392.10
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>B. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : B40C09CB0463249FC913</b>
City Arlington Heights	State IL	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 459.60
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>C. UNITED AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1200 E ALGONQUIN RD		<b>Transaction ID : BE5277E3E3A43492DA9B</b>
City Arlington Heights	State IL	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 459.60
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 Receipts This Page (optional)..... 0.00

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B759B3805AA634AB8A3C</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 406.60
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B47A80A3CB91B40BB882</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 406.60
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B9E0406B813A347349F3</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 238.60
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. HILTON GARDEN INN SIOUX</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1132 LARSEN PARK RD		<b>Transaction ID : BC7AAB137164944CE8C7</b>
City Sioux City	State IA	
Purpose of Disbursement LODGING	Candidate Name	Amount of Each Disbursement this Period 300.16
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>B. US AIRWAYS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		<b>Transaction ID : B9F2DCC91659F48B48FF</b>
City Phoenix	State AZ	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 220.60
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>c. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BF1A355C123BC444491B</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 438.60
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : BDED1D95CB3524D1C846</b>
City Ft Worth	State TX	
Purpose of Disbursement AIRFARE	Candidate Name	Amount of Each Disbursement this Period 406.60
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>B. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 13156 Briargrove Ave		<b>Transaction ID : BCC3CE6E105AC4D75AEF</b>
City Baton Rouge	State LA	
Purpose of Disbursement Communication Services	Candidate Name	Amount of Each Disbursement this Period 271.02
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>c. Microsoft Corporation</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1 Microsoft Way		<b>Transaction ID : BD1AB7DC14A714AF28F4</b>
City Redmond	State WA	
Purpose of Disbursement Communication Services	Candidate Name	Amount of Each Disbursement this Period 248.80
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 Receipts This Page (optional)..... 271.02

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Tim Saler</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 13156 Briargrove Ave		Transaction ID : <b>BD0284FD2C64845708A9</b>
City Baton Rouge	State LA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 218.88
Candidate Name	Category/ Type	
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>B. Royal Sonesta Hotel</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 300 Bourbon St.		Transaction ID : <b>B8742F5DF36E540B3B08</b>
City New Orleans	State LA	
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 218.88
Candidate Name	Category/ Type	
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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Henry Goodwin</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 41 James Farm Rd.		Transaction ID : <b>B206154CE900242E2885</b>
City Lee	State NH	
Purpose of Disbursement Travel Reimbursement		Amount of Each Disbursement this Period 2257.99
Candidate Name	Category/ Type	
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 Receipts This Page (optional)..... 2476.87

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 4333 Amon Carter Blvd		<b>Transaction ID : B572A4AC687BC4F1CB58</b>
City Ft Worth	State TX	
Purpose of Disbursement Airfare	Candidate Name	Amount of Each Disbursement this Period 882.10
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>B. Hilton Hotel</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 201 Lafayette St		<b>Transaction ID : BDCF5757B5EE540ECAD7</b>
City Baton Rouge	State LA	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 1109.89
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>c. Matt D. Parker</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4560 Cypress St		<b>Transaction ID : B04D7A5B8A5AF4972A11</b>
City West Monroe	State LA	
Purpose of Disbursement Transportation/lodging reimbursement	Candidate Name	Amount of Each Disbursement this Period 4466.95
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 Receipts This Page (optional)..... 4466.95

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. U-Haul</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4001 SE 14th St		<b>Transaction ID : B3B0666468F3847C58FA</b>
City Des Moines	State IA	
Purpose of Disbursement Equip Rental		Amount of Each Disbursement this Period 1298.19
Candidate Name		<b>[MEMO ITEM]</b>
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>B. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 500 Staples Dr		<b>Transaction ID : BE4EF8A1A084A43139B2</b>
City Framingham	State MA	
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 228.93
Candidate Name		<b>[MEMO ITEM]</b>
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>c. RC Rentals</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address PO Box 166		<b>Transaction ID : B65201D001310487F9C8</b>
City Ames	State IA	
Purpose of Disbursement Rent Reimbursement		Amount of Each Disbursement this Period 1500.00
Candidate Name		<b>[MEMO ITEM]</b>
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 Receipts This Page (optional)..... 0.00

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. Gail Gitcho</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 142 Commercial St #501		<b>Transaction ID : B749A2A24CD2E476CB10</b>
City Boston	State MA	
Purpose of Disbursement Transportation reimbursement	Candidate Name	Amount of Each Disbursement this Period 1300.50
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: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 405 Howard St		<b>Transaction ID : B957E23898D45108C0</b>
City San Francisco	State CA	
Purpose of Disbursement Transportation	Candidate Name	Amount of Each Disbursement this Period 233.33
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: _____	Category/Type	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>c. Marriott-Cleveland Airport</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 4277 W 150 th St		<b>Transaction ID : B97F1E0895827438E969</b>
City Cleveland	State OH	
Purpose of Disbursement Lodging	Candidate Name	Amount of Each Disbursement this Period 499.97
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: _____	Category/Type	

**[MEMO ITEM]**

Subtotal Of Receipts This Page (optional)..... 1300.50

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**JINDAL FOR PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. Jet Blue**

Mailing Address 2701 QUEENS PLZ N FL6

City New York State NY Zip Code 11100

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Transaction ID : BB2E700D4BB50461F871

Amount of Each Disbursement this Period

5	6	7	.	2	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only)..... 830465.69