

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		501.24
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	501.24									
(c) Total Receipts (from Line 19)	68950.65	68950.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69451.89	69451.89								
7. Total Disbursements (from Line 31)	63360.55	63360.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6091.34	6091.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)										
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)										

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41400.00	41400.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41400.00	41400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	23000.00	23000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	64400.00	64400.00
12. Transfers From Affiliated/Other Party Committees		0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4550.65	4550.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	68950.65	68950.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68950.65	68950.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	53185.55	53185.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	53185.55	53185.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	175.00	175.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63360.55	63360.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63360.55	63360.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	64400.00	64400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64400.00	64400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53185.55	53185.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53185.55	53185.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Edward Risponse		Date of Receipt
	Mailing Address 18260 S Mission Hills Avenue		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baton Rouge	LA	70810-7974
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ISC		Occupation Contractor	Transaction ID: SA11AI-420-681-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Daryl Fultz		Date of Receipt
	Mailing Address 416 Travis Street Suite 1200		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Shreveport	LA	71101-5504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Self Employed	Transaction ID: SA11AI-421-683-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1400.00"/>	<input type="text" value="1400.00"/>
Contribution			

C.	Full Name (Last, First, Middle Initial) William Ulm, Sr.		Date of Receipt
	Mailing Address 1240 Ramser Drive		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bogart	GA	30622-2472
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ULM Services, Inc.		Occupation Owner	Transaction ID: SA11AI-335-684-c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Lane Grigsby		Date of Receipt
	Mailing Address PO Box 104		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baton Rouge	LA	70821-0104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-425-695-c
		Amount of Each Receipt this Period	<input type="text" value="5000.00"/>
Name of Employer Cajun Industries, LLC		Occupation Chairman of the Board	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	

B.	Full Name (Last, First, Middle Initial) Todd Davison		Date of Receipt
	Mailing Address 202 Brookside Road		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Choudrant	LA	71227-4853
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-288-697-c
		Amount of Each Receipt this Period	<input type="text" value="2500.00"/>
Name of Employer Davison Transport		Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2500.00"/>	

C.	Full Name (Last, First, Middle Initial) Art Favre		Date of Receipt
	Mailing Address PO Box 82285		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baton Rouge	LA	70884-2285
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-331-696-c
		Amount of Each Receipt this Period	<input type="text" value="5000.00"/>
Name of Employer Performance, Contractors, In		Occupation Contractor	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Frank Walk	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 600 Carondelet Street	Transaction ID: SA11AI-428-703-c
	City State Zip Code New Orleans LA 70130-3511	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Employed Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Robert Webb, Jr.	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address PO Box 536	Transaction ID: SA11AI-315-702-c
	City State Zip Code Reserve LA 70084-0536	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation LA Machinery Co. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Farida Baig	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 39328 Magnolia Trace	Transaction ID: SA11AI-162-705-c
	City State Zip Code Ponchatoula LA 70454-6920	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self-employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Joseph Clements, Jr.

Mailing Address 5422 S Pointer Court

City State Zip Code
Baton Rouge LA 70808-5231

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2009

Transaction ID: SA11AI-429-706-c

Amount of Each Receipt this Period 2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Margie Villere

Mailing Address 1443 Eleonore Street

City State Zip Code
New Orleans LA 70115-4351

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2009

Transaction ID: SA11AI-435-729-c

Amount of Each Receipt this Period 500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Frederick Heebe

Mailing Address 10 Farnham Place

City State Zip Code
Metairie LA 70005-4008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-employed Self-employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 15 / 2009

Transaction ID: SA11AI-437-731-c

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) 8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Keith Van Meter

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Mailing Address 17 Carriage Lane

Transaction ID: SA11AI-436-730-c

City	State	Zip Code
New Orleans	LA	70114-6724

Amount of Each Receipt this Period

2500.00

FEC ID number of contributing federal political committee.

C

Contribution

Name of Employer
Keith Van Meter & Associates

Occupation
Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	41400.00

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

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

FOR LINE NUMBER: PAGE 11 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial)
ARPA
 Mailing Address Premier Tower 19th Floor
451 Florida Blvd
 City State Zip Code
Baton Rouge LA 70801
 FEC ID number of contributing federal political committee. **C** C00226472
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 01 / 20 / 2009
Transaction ID: SA11C-51-678-c
 Amount of Each Receipt this Period: 5000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Jones, Walker, Waechter, Poitevent, Carrere, & Denegre PAC
 Mailing Address 201 Saint Charles Avenue
 City State Zip Code
New Orleans LA 70170-1000
 FEC ID number of contributing federal political committee. **C** C00111534
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00
 Date of Receipt: 01 / 20 / 2009
Transaction ID: SA11C-369-680-c
 Amount of Each Receipt this Period: 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
UPSPAC
 Mailing Address 55 Glenlake Parkway NE
 City State Zip Code
Atlanta GA 30328-3474
 FEC ID number of contributing federal political committee. **C** C00064766
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 01 / 20 / 2009
Transaction ID: SA11C-197-679-c
 Amount of Each Receipt this Period: 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Energy Corporation PAC (EnPAC)

Mailing Address 101 Constitution Avenue NW
Suite 200EAST

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11C-77-682-c

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
AT&T Federal PAC

Mailing Address 175 E Houston Street
Room 7-A

City State Zip Code
San Antonio TX 78205-2255

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11C-279-704-c

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Jones, Walker, Waechter, Poitevent, Carrere, & Denegre PAC

Mailing Address 201 Saint Charles Avenue

City State Zip Code
New Orleans LA 70170-1000

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11C-369-743-c

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

23000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial) Hilton Washington & Towers		Date of Receipt
Mailing Address 1919 Connecticut Avenue NW		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
City	State	Zip Code
Washington	DC	20009-5701
FEC ID number of contributing federal political committee.		Transaction ID: SA17-423-698-m
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="4550.65"/>
Occupation		Refund of unused hotel rooms
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="4550.65"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4550.65"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4550.65"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 28

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Monthly service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-164-664-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9 Amount of Each Disbursement this Period 350.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address 1300 I Street NW Suite 400 City Washington State DC Zip Code 20005-3314 Purpose of Disbursement December cell bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-192-663-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 91.63 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement Dinner w/ Boustany Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-252-687-e Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 65.88 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

507.51

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 28

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Manny Randazzo King Cakes	Transaction ID: SB21B-413-668-e Date of Disbursement																			
	Mailing Address 3515 N Hullen Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	0	9												
	City Metairie State LA Zip Code 70002-3419	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Thank you king cakes Candidate Name	<table border="1"><tr><td>449.50</td></tr></table>	449.50																		
449.50																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) The Political Firm	Transaction ID: SB21B-396-669-e Date of Disbursement																			
	Mailing Address 611 North Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
	City Baton Rouge State LA Zip Code 70802-5420	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse for robo call Candidate Name	<table border="1"><tr><td>427.43</td></tr></table>	427.43																		
427.43																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Hilton Washington & Towers	Transaction ID: SB21B-423-690-e Date of Disbursement																			
	Mailing Address 1919 Connecticut Avenue NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	0	9												
	City Washington State DC Zip Code 20009-5701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WMG Hotel Rooms-no candidate benefitted Candidate Name	<table border="1"><tr><td>12660.47</td></tr></table>	12660.47																		
12660.47																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>13537.40</td></tr></table>	13537.40
13537.40		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) The Mystic Krewe of Louisianians, Inc.	Transaction ID: SB21B-422-685-e Date of Disbursement
	Mailing Address 201 Saint Charles Avenue Suite 4500	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City New Orleans State LA Zip Code 70170-1030	Amount of Each Disbursement this Period
	Purpose of Disbursement WMG tickets-no candidate benefitted	<input type="text" value="2800.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United States Special Operations Command	Transaction ID: SB21B-416-670-e Date of Disbursement
	Mailing Address 7701 Tampa Point Boulevard	<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Tampa State FL Zip Code 33621-5323	Amount of Each Disbursement this Period
	Purpose of Disbursement WMG - no candidate benefitted	<input type="text" value="800.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter	Transaction ID: SB21B-124-691-e Date of Disbursement
	Mailing Address 238 Helios Avenue	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Metairie State LA Zip Code 70005-3755	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimburse for meal	<input type="text" value="24.70"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3624.70"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) KingCakes.com Mailing Address 4300 S I 10 Service Road W Suite 103N City Metairie State LA Zip Code 70001-7416 Purpose of Disbursement King Cakes for WMG-no candidate benefitted Candidate Name 003 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-418-672-e Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 490.08
B.	Full Name (Last, First, Middle Initial) Courtney Guastella Mailing Address 7449 Garfield Street City New Orleans State LA Zip Code 70118-3636 Purpose of Disbursement Reimburse WMG exp-no candidate benefitted Candidate Name 003 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-103-677-e Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 1200.00
C.	Full Name (Last, First, Middle Initial) The Mystic Krewe of Louisianians, Inc. Mailing Address 201 Saint Charles Avenue Suite 4500 City New Orleans State LA Zip Code 70170-1030 Purpose of Disbursement WMG tickets-no candidate benefitted Candidate Name 003 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-422-689-e Date of Disbursement 01 / 28 / 2009 Amount of Each Disbursement this Period 3150.00

SUBTOTAL of Disbursements This Page (optional) ▶	4840.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Martin's Wine & Spirits	Transaction ID: SB21B-426-699-e
	Mailing Address 1919 Florida Avenue NW	Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	City Washington State DC Zip Code 20009-1266	Amount of Each Disbursement this Period 3069.31
	Purpose of Disbursement WMG reception-no candidate benefitted	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-701-e
	Mailing Address 7449 Garfield Street	Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period 493.62
	Purpose of Disbursement Reimburse WMG exp-no candidate benefitted	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LFRW 2009 Convention	Transaction ID: SB21B-424-694-e
	Mailing Address PO Box 1514	Date of Disbursement MM / DD / YYYY 02 / 22 / 2009
	City Prairieville State LA Zip Code 70769-1514	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement LA Republican Convention tickets	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5562.93
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 28

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-707-e Date of Disbursement																			
	Mailing Address 7449 Garfield Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	9												
	City State Zip Code New Orleans LA 70118-3636	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Monthly retainer-no candidate benefitted	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-693-e Date of Disbursement																			
	Mailing Address 10010 Winding Ridge Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	9												
	City State Zip Code Shreveport LA 71106-7684	Amount of Each Disbursement this Period																			
	Purpose of Disbursement January admin fee	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter	Transaction ID: SB21B-124-712-e Date of Disbursement																			
	Mailing Address 238 Helios Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
	City State Zip Code Metairie LA 70005-3755	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimburse lunch w/ pastors	<table border="1"><tr><td>187.52</td></tr></table>	187.52																		
187.52																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4437.52</td></tr></table>	4437.52
4437.52		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 28

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Transaction ID: SB21B-164-708-e
Date of Disbursement

Mailing Address 610 Gateway Center Way
Suite K

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	0	9

City San Diego State CA Zip Code 92102-4548

Amount of Each Disbursement this Period

350.00

Purpose of Disbursement
Monthly service fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Courtney Guastella

Transaction ID: SB21B-103-714-e
Date of Disbursement

Mailing Address 7449 Garfield Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	9

City New Orleans State LA Zip Code 70118-3636

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Monthly retainer-no candidate benefitted

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Monica Schmidt

Transaction ID: SB21B-165-715-e
Date of Disbursement

Mailing Address 10010 Winding Ridge Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	9

City Shreveport State LA Zip Code 71106-7684

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Monthly admin fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5850.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter	Transaction ID: SB21B-124-716-e Date of Disbursement 03 / 03 / 2009
	Mailing Address 238 Helios Avenue	Amount of Each Disbursement this Period 44.00
	City Metairie State LA Zip Code 70005-3755	
	Purpose of Disbursement Reimburse host gift-no candidate benefitted Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-192-709-e Date of Disbursement 03 / 04 / 2009
	Mailing Address 1300 I Street NW Suite 400	Amount of Each Disbursement this Period 54.36
	City Washington State DC Zip Code 20005-3314	
	Purpose of Disbursement February cell bill Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Hilton Baton Rouge	Transaction ID: SB21B-430-710-e Date of Disbursement 03 / 16 / 2009
	Mailing Address 201 Lafayette Street	Amount of Each Disbursement this Period 428.64
	City Baton Rouge State LA Zip Code 70801-1205	
	Purpose of Disbursement LFRW Convention fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

527.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-720-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly service fee Candidate Name	<input type="text" value="350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-722-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer-no candidate benefitted Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-723-e Date of Disbursement
	Mailing Address 10010 Winding Ridge Drive	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Shreveport State LA Zip Code 71106-7684	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly admin fee Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-724-e Date of Disbursement
	Mailing Address 610 Gateway Center Way Suite K	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City San Diego State CA Zip Code 92102-4548	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly service fee Candidate Name	<input type="text" value="350.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The LS Group, Inc.	Transaction ID: SB21B-386-728-e Date of Disbursement
	Mailing Address 912 F Street NW Apt. 1106	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20004-1451	Amount of Each Disbursement this Period
	Purpose of Disbursement Quarterly retainer-no candidate benefitted Candidate Name	<input type="text" value="1680.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Courtney Guastella	Transaction ID: SB21B-103-727-e Date of Disbursement
	Mailing Address 7449 Garfield Street	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City New Orleans State LA Zip Code 70118-3636	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly retainer-no candidate benefitted Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4530.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt	Transaction ID: SB21B-165-726-e Date of Disbursement 05 / 01 / 2009
	Mailing Address 10010 Winding Ridge Drive	Amount of Each Disbursement this Period 250.00
	City Shreveport State LA Zip Code 71106-7684	
	Purpose of Disbursement Monthly admin fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Wendy Vitter	Transaction ID: SB21B-124-734-e Date of Disbursement 05 / 21 / 2009
	Mailing Address 238 Helios Avenue	Amount of Each Disbursement this Period 1040.63
	City Metairie State LA Zip Code 70005-3755	
	Purpose of Disbursement Travel: Reimburse travel expenses Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com	Transaction ID: SB21B-164-733-e Date of Disbursement 06 / 01 / 2009
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 350.00
	City San Diego State CA Zip Code 92102-4548	
	Purpose of Disbursement Monthly service fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1640.63
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Courtney Guastella <hr/> Mailing Address 7449 Garfield Street <hr/> City New Orleans State LA Zip Code 70118-3636 <hr/> Purpose of Disbursement Monthly retainer-no candidate benefitted Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-103-736-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">003</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9	2500.00	003
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		0	4		2	0	0	9															
2500.00																								
003																								
B.	Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement Monthly admin fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-165-737-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">250.00</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9	250.00	001
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		0	4		2	0	0	9															
250.00																								
001																								
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st Street SE <hr/> City Washington State DC Zip Code 20003-1801 <hr/> Purpose of Disbursement Thank you lunch Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-252-738-e Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">639.20</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	0	9	639.20	001
M	M	/	D	D	/	Y	Y	Y	Y															
0	6		1	7		2	0	0	9															
639.20																								
001																								

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="font-weight: bold;">3389.20</td> </tr> </table>	3389.20
3389.20		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="font-weight: bold;">52229.65</td> </tr> </table>	52229.65
52229.65		

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: SB23-434-718-e Date of Disbursement
	Mailing Address 175 S West Temple Suite 650	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Salt Lake City State UT Zip Code 84101-1422	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: Contribution	<input type="text" value="5000.00"/>
	Candidate Name Robert F Bennett	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc	Transaction ID: SB23-412-719-e Date of Disbursement
	Mailing Address PO Box 12425	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Columbia State SC Zip Code 29211-2425	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution: Contribution	<input type="text" value="5000.00"/>
	Candidate Name James W Demint	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
The International Foundation

Transaction ID: SB29-338-667-e
Date of Disbursement

Mailing Address PO Box 23815

^M <input type="text"/> 0	^M <input type="text"/> 1	/	^D <input type="text"/> 1	^D <input type="text"/> 2	/	^Y <input type="text"/> 2	^Y <input type="text"/> 0	^Y <input type="text"/> 0	^Y <input type="text"/> 9
-------------------------------------	-------------------------------------	---	-------------------------------------	-------------------------------------	---	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

City Washington State DC Zip Code 20026-3815

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement
National prayer breakfast

012
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

175.00

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

175.00
