

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **P.O. Box 44313**
 Check if different than previously reported. (ACC) **Baton Rouge LA 70804**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00616128 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11 / 08 / 2016** in the State of **LA**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **/ /** in the State of

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Townsend, Taylor, , ,
Type or Print Name of Treasurer

Signature of Treasurer Townsend, Taylor, , , [Electronically Filed] Date **10 / 27 / 2016**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Defend Louisiana PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="159680.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37000.00"/>	<input type="text" value="262400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="196680.00"/>	<input type="text" value="262400.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87093.93"/>	<input type="text" value="152813.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="109586.07"/>	<input type="text" value="109586.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Defend Louisiana PAC

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

To:

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

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).....	37000.00	256700.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	37000.00	256700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37000.00	260700.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1700.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	37000.00	262400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37000.00	262400.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	44500.00	54520.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	44500.00	54520.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	42593.93	95593.93
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2700.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2700.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87093.93	152813.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87093.93	152813.93

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	37000.00	260700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37000.00	258000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	44500.00	54520.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44500.00	54520.00

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

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

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)
Defend Louisiana PAC

A. Acadian Oaks Nursing Home, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2707 Kaliste Saloom Rd

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
2000.00

Memo Item

B. Amelia Manor, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 903 Center St.

City Lafayette	State LA	Zip Code 70501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
500.00

Memo Item

C. Brown&Brown of Louisiana, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Asma Blvd.
Suite 300

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2016

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Central Control, LLC

Mailing Address 4333 Shreveport Hwy

City Pineville	State LA	Zip Code 71360
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : SA11AI.4294

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Central Management Company

Mailing Address P.O. Box 1438

City Winnfield	State LA	Zip Code 71483
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2016

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Diversified Healthcare - Abbeville, LLC

Mailing Address 10606 Timberlake Ave

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Goux, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2045 Hwy 59
 City Mandeville State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 02 / 2016
Transaction ID : SA11AI.4300
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Grace Nursing Home
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 Timberlake Ave.
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11AI.4288
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Guest House Holdings, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 3068
 City Monroe State LA Zip Code 71210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 03 / 2016
Transaction ID : SA11AI.4296
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. K.A.S Construction, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 39
 City Roanoke State LA Zip Code 70581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2016
Transaction ID : SA11AI.4282
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Mansfield Nursing Center
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 McArthur
 City Mansfield State LA Zip Code 71052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 05 / 2016
Transaction ID : SA11AI.4318
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Nexion Fund for Quality Long Term Care
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 Warfield Ave
 City Sykesville State MD Zip Code 21784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 02 / 2016
Transaction ID : SA11AI.4304
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. North South Trading Partners, LLC

Mailing Address 601 Poydras Street
Suite 2655

City New Orleans State LA Zip Code 70130

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2016

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period
10000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NS, NG, INC DBA Hammond Nursing Home

Mailing Address 501 Old Covington

City Hammond State LA Zip Code 70403

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. River Oaks Retirement Manor

Mailing Address 2500 E. Simcoe

City Lafayette State LA Zip Code 70501

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

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

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period
500.00

Memo Item

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: (check only one)	PAGE 11 OF 15
<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)
Defend Louisiana PAC

A. Sabine Retirement & Rehabilitation Ctr

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 965 Fisher Road

City Many	State LA	Zip Code 71449
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
1250.00

Memo Item

B. SCC of Houma, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1386 W. Tunnel Blvd.

City Houma	State LA	Zip Code 70360
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2016

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
2500.00

Memo Item

C. Senior Care Center Management, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 N. Pearl St.
Suite 1100

City Dallas	State TX	Zip Code 75201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Stewart, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7598 Carah Dr.
 City St. Francisville State LA Zip Code 70775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frank Stewart and Associates Occupation (for Individual) Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2016
Transaction ID : SA11AI.4302
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Woodlawn Partnership
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 3068
 City Monroe State LA Zip Code 71210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2016
Transaction ID : SA11AI.4298
 Amount of Each Receipt this Period
 1250.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	37000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Defend Louisiana PAC

A. Arsement Media Group

Full Name (Last, First, Middle Initial)

Mailing Address 104 Live Oak Dr.

City Lafayette State LA Zip Code 70503

Purpose of Disbursement Media Consulting Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 01 / 2016

FEC Identification Number C

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period 20000.00

Memo Item

B. BOLD

Full Name (Last, First, Middle Initial)

Mailing Address 1746 Jackson Ave

City New Orleans State LA Zip Code 70115

Purpose of Disbursement Community Outreach

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 10 / 2016

FEC Identification Number C

Transaction ID : SB21B.4326

Amount of Each Disbursement this Period 12000.00

Memo Item

C. Caplin & Drysdale, Chartered

Full Name (Last, First, Middle Initial)

Mailing Address One Thomas Circle, NW Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 18 / 2016

FEC Identification Number C

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period 4100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 36100.00

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"/> 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

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)
Defend Louisiana PAC

Full Name (Last, First, Middle Initial)

A. NOEL

Mailing Address P.O. Box 58248

City
New Orleans

State
LA

Zip Code
70158

Purpose of Disbursement
Community Outreach

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

1800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NOEL

Mailing Address P.O. Box 58248

City
New Orleans

State
LA

Zip Code
70158

Purpose of Disbursement
Community Outreach

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

2600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TIPS

Mailing Address 1517 Harrison Ave.

City
New Orleans

State
LA

Zip Code
70119

Purpose of Disbursement
Community Outreach

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

4000.00

Memo Item

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

8400.00

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

44500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Defend Louisiana PAC
FEC IDENTIFICATION NUMBER
C C00616128

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Arsement Media Group
Mailing Address 104 Live Oak Dr.
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Radio Advertisement
Category/Type 004
Date of Public Distribution/Dissemination 10/14/2016
Amount 42593.93
Transaction ID : SE.4240
Date of Disbursement or Obligation 10/13/2016

Name of Federal Candidate: FAYARD, CATHRYN CAROLINE, ,
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 95593.93
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate
District: State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 42593.93
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures 42593.93

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Townsend, Taylor, ,

[Electronically Filed]

Date

10/27/2016

Signature