

# 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.   
Louisiana Reform PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer John Schmidt

Signature of Treasurer John Schmidt [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Louisiana Reform 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="2012"/>	<input type="text" value="10966.01"/>	<input type="text" value="10966.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17133.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16200"/>	<input type="text" value="186359.79"/>
(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="33333.73"/>	<input type="text" value="197325.8"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14013.75"/>	<input type="text" value="178005.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19319.98"/>	<input type="text" value="19319.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**Louisiana Reform PAC**

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

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).....	11200	117200
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11200	117200
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	5000	66300
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16200	183500
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	2859.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16200	186359.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16200	186359.79

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	13663.75	117955.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13663.75	117955.82
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	350	54850
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	5200
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14013.75	178005.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14013.75	178005.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16200	183500
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16200	183500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13663.75	117955.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13663.75	117955.82

**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

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

Mailing Address 5625 James Gunnell Lane

City Alexandria State VA Zip Code 22310-1159

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

Name of Employer Adams & Reese, LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2012**  
**Transaction ID : 56-1423-c**

Amount of Each Receipt this Period  
**2500**

Disney Golf and race Weekend

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

Mailing Address 1334 Woodmere Drive

City Mandeville State LA Zip Code 70471-7456

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

Name of Employer Science & Engineering Occupation In House Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2012**  
**Transaction ID : 508-1424-c**

Amount of Each Receipt this Period  
**2500**

Disney Golf and Race Weekend

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

Mailing Address 607 Timber Lane

City Falls Church State VA Zip Code 22046-3830

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

Name of Employer The Keelen Group LLC Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 15 / 2012**  
**Transaction ID : 727-1422-c**

Amount of Each Receipt this Period  
**5000**

Disney Golf and Race Weekend

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

Full Name (Last, First, Middle Initial) <b>A. George Merriman</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 724-1419-c</b>
Mailing Address 8614 E Wilderness Way		Amount of Each Receipt this Period 300 Washington Mardi Gras 2013
City Shreveport	State LA	Zip Code 71106-6139
FEC ID number of contributing federal political committee. C		
Name of Employer Surgical Specialists	Occupation Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

Full Name (Last, First, Middle Initial) <b>B. Richard E O'Krepki</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 723-1418-c</b>
Mailing Address 401 Metairie Road		Amount of Each Receipt this Period 300 Washington Mardi Gras 2013
City Metairie	State LA	Zip Code 70005-4332
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

Full Name (Last, First, Middle Initial) <b>C. James D Rogers</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 726-1421-c</b>
Mailing Address 340 Crosscreek Drive		Amount of Each Receipt this Period 300 Washington Mardi Gras 2013
City Bossier City	State LA	Zip Code 71111-2374
FEC ID number of contributing federal political committee. C		
Name of Employer Doug Rogers, Inc	Occupation Insurance Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 OF 18
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Reform PAC**

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

Mailing Address 1 Lee Circle

City New Orleans	State LA	Zip Code 70130-3931
---------------------	-------------	------------------------

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

Name of Employer Taylor Energy	Occupation CEO
-----------------------------------	-------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2012**

**Transaction ID : 725-1420-c**

Amount of Each Receipt this Period  
**300**

Washington Mardi Gras 2013

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>11200.00</b>



**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 18
<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**

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

Mailing Address 901 F Street NW  
Suite 600

City Washington State DC Zip Code 20004-1429

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 722-1417-c**

Amount of Each Receipt this Period  
2500

PAC Contributions

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

Mailing Address 101 Constitution Avenue NW  
Suite 500

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 477-1416-c**

Amount of Each Receipt this Period  
2500

PAC Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. US Airways, Inc.**

Mailing Address 111 W Rio Salado Parkway

City State Zip Code  
Tempe AZ 85281-2880

Purpose of Disbursement  
Travel: Service Fee

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-167-1425-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City State Zip Code  
Washington DC 20003-1801

Purpose of Disbursement  
Christmas fund for employees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-252-1455-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. US Airways, Inc.**

Mailing Address 111 W Rio Salado Parkway

City State Zip Code  
Tempe AZ 85281-2880

Purpose of Disbursement  
Travel: Travel

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-167-1426-e**

Amount of Each Disbursement this Period

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Fleur De Lis Event Center**

Mailing Address 1645 N Causeway Boulevard

City Mandeville State LA Zip Code 70471-3107

Purpose of Disbursement  
Get out the vote rally

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-720-1431-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie State LA Zip Code 70005-2850

Purpose of Disbursement  
Supplies WDW event-no candidate benefitted

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-692-1434-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sheraton Hotel**

Mailing Address 4 Galleria Boulevard

City Metairie State LA Zip Code 70001-2081

Purpose of Disbursement  
Hotel WDW event-no candidate benefitted

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB21B-292-1433-e**

Amount of Each Disbursement this Period

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Courtney Guastella**

Mailing Address 7449 Garfield Street

City New Orleans State LA Zip Code 70118-3636

Purpose of Disbursement  
November retainer-no candidate benefitted

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : SB21B-103-1456-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Monica H Schmidt**

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement  
November admin

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2012

**Transaction ID : SB21B-165-1457-e**

Amount of Each Disbursement this Period

250

Full Name (Last, First, Middle Initial)

**C. CompleteCampaigns.com**

Mailing Address 610 Gateway Center Way  
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement  
November software maintenance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2012

**Transaction ID : SB21B-164-1436-e**

Amount of Each Disbursement this Period

403

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

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

1653.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. Exotic Driving Experience**

Mailing Address 3540 N. World Drive

City State Zip Code  
Lake Buena Vista FL 32830

Purpose of Disbursement  
WDW Event-no candidate benefitted

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-731-1438-e

Amount of Each Disbursement this Period

4622.1

Full Name (Last, First, Middle Initial)

**B. Exotic Driving Experience**

Mailing Address 3540 N. World Drive

City State Zip Code  
Lake Buena Vista FL 32830

Purpose of Disbursement  
WDW Event-no candidate benefitted

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-731-1447-e

Amount of Each Disbursement this Period

37.28

Full Name (Last, First, Middle Initial)

**C. Lake Buena Vista Golf Course**

Mailing Address 1960 Broadway

City State Zip Code  
Lake Buena Vista FL 32830

Purpose of Disbursement  
WDW event-no candidate benefitted

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-733-1440-e

Amount of Each Disbursement this Period

558.07

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

5217.45

**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**

Full Name (Last, First, Middle Initial)

**A. Lake Buena Vista Golf Course**

Mailing Address 1960 Broadway

City Lake Buena Vista State FL Zip Code 32830

Purpose of Disbursement  
WDW Event-no candidate benefited

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-733-1442-e

Amount of Each Disbursement this Period

271.58

Full Name (Last, First, Middle Initial)

**B. Lake Buena Vista Golf Course**

Mailing Address 1960 Broadway

City Lake Buena Vista State FL Zip Code 32830

Purpose of Disbursement  
WDW Event-no candidate benefited

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-733-1443-e

Amount of Each Disbursement this Period

128.47

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie State LA Zip Code 70005-2850

Purpose of Disbursement  
Supplies WDW event-no candidate benefited

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2012

Transaction ID : SB21B-692-1445-e

Amount of Each Disbursement this Period

72.94

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

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

472.99

**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**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 755 Veterans Memorial Boulevard

City Metairie State LA Zip Code 70005-2850

Purpose of Disbursement Supplies WDW event-no candidate benefitted

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2012

Transaction ID : SB21B-692-1449-e

Amount of Each Disbursement this Period: 13.91

Category/Type: 003

Full Name (Last, First, Middle Initial)

**B. Sheraton Dolphin Hotel**

Mailing Address 1500 Epcot Resorts Boulevard

City Lake Buena Vista State FL Zip Code 32830-8428

Purpose of Disbursement WDW event-no candidate benefitted

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2012

Transaction ID : SB21B-719-1441-e

Amount of Each Disbursement this Period: 1067.45

Category/Type: 003

Full Name (Last, First, Middle Initial)

**C. Sheraton Dolphin Hotel**

Mailing Address 1500 Epcot Resorts Boulevard

City Lake Buena Vista State FL Zip Code 32830-8428

Purpose of Disbursement Supplies WDW Event-no candidate benefitted

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2012

Transaction ID : SB21B-719-1448-e

Amount of Each Disbursement this Period: 36.11

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1117.47

**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**

Full Name (Last, First, Middle Initial)

**A. Westin Swan Dining**

Mailing Address 1500 Epcot Resorts Boulevard

City Lake Buena Vista State FL Zip Code 32830-8428

Purpose of Disbursement  
WDW Event-no candidated benefitted

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-732-1439-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kyle Ruckert**

Mailing Address 703 7th Street SE

City Washington State DC Zip Code 20003-2740

Purpose of Disbursement  
Reimburse expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-64-1458-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kyle Ruckert**

Mailing Address 703 7th Street SE

City Washington State DC Zip Code 20003-2740

Purpose of Disbursement  
Reimburse expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-64-1459-e**

Amount of Each Disbursement this Period

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Mrs. Wendy Vitter**

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement  
Reimburse expenses

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-124-1460-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Franklin Republic Women Gala**

Mailing Address 400 Tallowood

City Franklin State LA Zip Code 70538

Purpose of Disbursement  
Political Contribution: Gala Sponsorship

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SB23-728-1430-e**

Amount of Each Disbursement this Period

350

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

350.00

350.00