

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

REDEMPTION PAC

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00652305 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2020 through 03 31 2020

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

Signature of Treasurer Satterfield, David, , , [Electronically Filed] Date 04 06 2020

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)

Write or Type Committee Name

REDEMPTION 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="2020"/>	<input type="text" value="51098.44"/>	<input type="text" value="51098.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51098.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31724.00"/>	<input type="text" value="31724.00"/>
(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="82822.44"/>	<input type="text" value="82822.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="81868.91"/>	<input type="text" value="81868.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="953.53"/>	<input type="text" value="953.53"/>
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

REDEMPTION 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).....	20295.00	20295.00
(ii) Unitemized	1429.00	1429.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21724.00	21724.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31724.00	31724.00
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	0.00
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)).....▶	31724.00	31724.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31724.00	31724.00

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	79618.91	79618.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	79618.91	79618.91
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)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2250.00	2250.00
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)) ..	81868.91	81868.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81868.91	81868.91

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)	31724.00	31724.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31724.00	31724.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	79618.91	79618.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	79618.91	79618.91

**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 22
	<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)
REDEMPTION PAC

A. Catanzaro, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Dalebrook Drive
 City Alexandria State VA Zip Code 22308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CGCN Group Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 06 / 2020
Transaction ID : SA11AI.4455
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Deshotel, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1604 Ridgeway Dr.
 City Morgan City State LA Zip Code 70380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vermillion Parish School Board Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 22 / 2020
Transaction ID : SA11AI.4468
 Amount of Each Receipt this Period 350.00
 Memo Item

C. Deshotel, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1604 Ridgeway Dr.
 City Morgan City State LA Zip Code 70380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vermillion Parish School Board Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 01 / 22 / 2020
Transaction ID : SA11AI.4469
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3200.00
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 7 OF 22
<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)
REDEMPTION PAC

A. Fonseca, Jr., R. J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Kaliste Saloom Road
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Standard Law Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2020
Transaction ID : SA11AI.4442
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Fouquet, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 Jardin Loop
 City Covington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CFBC, LLC Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2020
Transaction ID : SA11AI.4449
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Null, Lester, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Clarence Road PO Box 1054
 City Sun State LA Zip Code 70463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CRSC, LLC Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2020
Transaction ID : SA11AI.4448
 Amount of Each Receipt this Period
 5000.00
 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 8 OF 22
	<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)
REDEMPTION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Seal, Mart, , ,			Date of Receipt
Mailing Address 18320 Hwy 42			<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2020"/>
City Port Vincent	State LA	Zip Code 70726	Transaction ID : SA11AI.4453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="595.00"/>
Name of Employer (for Individual) Quality Engineering & Surveying, Inc.		Occupation (for Individual) Vice President of Operations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="595.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Steele, William, , ,			Date of Receipt
Mailing Address 316 Butternut Drive			<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2020"/>
City Slidell	State LA	Zip Code 70458	Transaction ID : SA11AI.4446
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) CFBC, LLC		Occupation (for Individual) Logistics Manager	<input type="checkbox"/> Memo Item
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"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stipicevic, John, , ,			Date of Receipt
Mailing Address 910 M Street NW			<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.4457
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) CGCN Group		Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="6095.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="20295.00"/>

**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 9 OF 22
<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)
REDEMPTION PAC

A. ARPAC

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

Mailing Address 451 FLORIDA STREET
BANK ONE CENTRE N TOWER 19TH FLOOR

City BATON ROUGE	State LA	Zip Code 70801
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00226472

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2020

Transaction ID : SA11C.4470

Amount of Each Receipt this Period
5000.00

Memo Item

B. CAPTAIN HIGGINS FOR CONGRESS

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

Mailing Address PO BOX 61747

City LAFAYETTE	State LA	Zip Code 70596
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FEC ID number of contributing federal political committee. **C** C00617662

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2020

Transaction ID : SA11C.4471

Amount of Each Receipt this Period
5000.00

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
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Amount of Each Receipt this Period

Memo Item

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

**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)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Action Specialties, LLC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 7915 Hwy 90 W		FEC Identification Number C [] Transaction ID : SB21B.4490 Amount of Each Disbursement this Period [] 1127.81	
City New Iberia	State LA	Zip Code 70560	Category/ Type []
Purpose of Disbursement Fundraising Event Apparel			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. Action Specialties, LLC		Date of Disbursement MM / DD / YYYY 02 / 05 / 2020	
Mailing Address 7915 Hwy 90 W		FEC Identification Number C [] Transaction ID : SB21B.4492 Amount of Each Disbursement this Period [] 5659.23	
City New Iberia	State LA	Zip Code 70560	Category/ Type []
Purpose of Disbursement Fundraising Event Supplies			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 01 / 31 / 2020	
Mailing Address P.O. Box 84314		FEC Identification Number C [] Transaction ID : SB21B.4496 Amount of Each Disbursement this Period [] 691.28	
City Baton Rouge	State LA	Zip Code 70884	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7478.32
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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Beads by the Dozen

Full Name (Last, First, Middle Initial)

Mailing Address 333 Edwards Ave.

City Harahan State LA Zip Code 70123

Purpose of Disbursement Fundraising Event Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4497

Amount of Each Disbursement this Period: 2067.70

Memo Item

B. Brightside Consulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 10201 Park Rowe Ave. #3218

City Baton Rouge State LA Zip Code 70810

Purpose of Disbursement Fundraising Consulting/Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4505

Amount of Each Disbursement this Period: 7658.43

Memo Item

C. Capital One

Full Name (Last, First, Middle Initial)

Mailing Address 1680 Capital One Drive

City McLean State VA Zip Code 22102

Purpose of Disbursement Credit Card Payment: See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4507

Amount of Each Disbursement this Period: 423.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10149.15

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

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

Date of Disbursement
MM / DD / YYYY
02 / 10 / 2020

Mailing Address 5400 LBJ Freeway Ste. 500

City Dallas State TX Zip Code 75240

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : SB21B.4507.1
Amount of Each Disbursement this Period
423.02

Memo Item

Full Name (Last, First, Middle Initial)
B. Chase Card Services

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2020

Mailing Address P.O. Box 1423

City Charlotte State NC Zip Code 28201

Purpose of Disbursement Credit Card Payment: See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : SB21B.4511
Amount of Each Disbursement this Period
11639.84

Memo Item

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

Date of Disbursement
MM / DD / YYYY
01 / 29 / 2020

Mailing Address 1919 Connecticut Ave. NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Event Catering Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number
C
Transaction ID : SB21B.4511.
Amount of Each Disbursement this Period
11639.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11639.84

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Chase Card Services

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1423

City Charlotte State NC Zip Code 28201

Purpose of Disbursement
Credit Card Payment: See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 05 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.4512**

Amount of Each Disbursement this Period: 20000.00

Memo Item

B. Washington Hilton

Full Name (Last, First, Middle Initial)

Mailing Address 1919 Connecticut Ave. NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Event Catering Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 05 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.4512.c**

Amount of Each Disbursement this Period: 20000.00

Memo Item

C. Chase Card Services

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1423

City Charlotte State NC Zip Code 28201

Purpose of Disbursement
Credit Card Payment: See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.4513**

Amount of Each Disbursement this Period: 1721.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 21721.30

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Washington Hilton

Full Name (Last, First, Middle Initial)

Mailing Address 1919 Connecticut Ave. NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Event Catering Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 02 / 10 / 2020

FEC Identification Number C

Transaction ID : SB21B.4513.1

Amount of Each Disbursement this Period 1721.30

Memo Item

B. Gil, Beth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 157

City Patterson State LA Zip Code 70392

Purpose of Disbursement Expense Reimbursement: See Itemization Below

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 01 / 21 / 2020

FEC Identification Number C

Transaction ID : SB21B.4499

Amount of Each Disbursement this Period 669.45

Memo Item

C. Stitchin' LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 202

City Berwick State LA Zip Code 70342

Purpose of Disbursement Fundraising Event Apparel/Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 01 / 21 / 2020

FEC Identification Number C

Transaction ID : SB21B.4499.

Amount of Each Disbursement this Period 669.45

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	669.45
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"/> 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)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Gil, Beth, , ,			Date of Disbursement MM / DD / YYYY 02 / 05 / 2020	
Mailing Address P.O. Box 157			FEC Identification Number C [] Transaction ID : SB21B.4502 Amount of Each Disbursement this Period [] 45.74	
City Patterson	State LA	Zip Code 70392	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Expense Reimbursement: Itemization Not Required		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Gil, Beth, , ,			Date of Disbursement MM / DD / YYYY 03 / 03 / 2020	
Mailing Address P.O. Box 157			FEC Identification Number C [] Transaction ID : SB21B.4503 Amount of Each Disbursement this Period [] 121.03	
City Patterson	State LA	Zip Code 70392	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Expense Reimbursement: See Itemization Below		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name			Memo Item <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Washington Hilton			Date of Disbursement MM / DD / YYYY 03 / 03 / 2020	
Mailing Address 1919 Connecticut Ave. NW			FEC Identification Number C [] Transaction ID : SB21B.4503. Amount of Each Disbursement this Period [] 121.03	
City Washington	State DC	Zip Code 20009	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Event Catering Expense		Category/ Type []	Memo Item <input checked="" type="checkbox"/>	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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) ▼		Memo Item <input checked="" type="checkbox"/>	
State: District:			Memo Item <input checked="" type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 166.77
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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Miller, Andree, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020
Mailing Address 5255 Congress Blvd. #58		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4493 Amount of Each Disbursement this Period 2958.21
City Baton Rouge	State LA	Zip Code 70808
Purpose of Disbursement Expense Reimbursement: See Itemization Below		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Washington Hilton		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020
Mailing Address 1919 Connecticut Ave. NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4493.c Amount of Each Disbursement this Period 2958.21
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Event Catering Expense		Category/ Type
Candidate Name		
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Murphy, Jeff, , ,		Date of Disbursement MM / DD / YYYY 02 / 12 / 2020
Mailing Address PO Box 110		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4525 Amount of Each Disbursement this Period 675.36
City Lacassine	State LA	Zip Code 70650
Purpose of Disbursement Expense Reimbursement: See Itemization Below		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

3633.57

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 02 / 12 / 2020
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C Transaction ID : SB21B.4525.1 Amount of Each Disbursement this Period 675.36
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	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) ▼	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Mystic Krewe of Louisianans		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020
Mailing Address P.O. Box 80518		FEC Identification Number C Transaction ID : SB21B.4532 Amount of Each Disbursement this Period 6500.00
City Baton Rouge	State LA	
Zip Code 70898	Purpose of Disbursement Fundraising Event Expense	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) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Regard, Jady, , ,		Date of Disbursement MM / DD / YYYY 02 / 12 / 2020
Mailing Address 1415 Easy St.		FEC Identification Number C Transaction ID : SB21B.4520 Amount of Each Disbursement this Period 325.09
City New Iberia	State LA	
Zip Code 70560	Purpose of Disbursement Expense Reimbursement: See Itemization Below	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) ▼	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6825.09
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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S. Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4520.1

Amount of Each Disbursement this Period: 325.09

Memo Item

B. Trahan, Robert, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 155 E Hoyt Ave

City Crowley State LA Zip Code 70526

Purpose of Disbursement Expense Reimbursement: See Itemization Below

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4533

Amount of Each Disbursement this Period: 1306.00

Memo Item

C. United Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 233 S. Wacker Dr.

City Chicago State IL Zip Code 60606

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4533.

Amount of Each Disbursement this Period: 1306.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1306.00
TOTAL This Period (last page this line number only).....▶	79576.18

**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 type="checkbox"/> 23	<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)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Cartwright, Joe, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [] Transaction ID : SB29.4475 Amount of Each Disbursement this Period [] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type []
Purpose of Disbursement Charitable Donation		Candidate Name	
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Foren, Steve, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [] Transaction ID : SB29.4489 Amount of Each Disbursement this Period [] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type []
Purpose of Disbursement Charitable Donation		Candidate Name	
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Harris, Lonny, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [] Transaction ID : SB29.4483 Amount of Each Disbursement this Period [] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type []
Purpose of Disbursement Charitable Donation		Candidate Name	
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:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 750.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Lewis, Mandy, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [REDACTED] Transaction ID : SB29.4487 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type [REDACTED]
Purpose of Disbursement Charitable Donation		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Manuel, Rene, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [REDACTED] Transaction ID : SB29.4481 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type [REDACTED]
Purpose of Disbursement Charitable Donation		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Ross, Christopher, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112		FEC Identification Number C [REDACTED] Transaction ID : SB29.4485 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Vinton	State LA	Zip Code 70668	Category/ Type [REDACTED]
Purpose of Disbursement Charitable Donation		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 750.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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 type="checkbox"/> 23	<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)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Sinclair, William, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112				
City Vinton	State LA	Zip Code 70668	FEC Identification Number C [] Transaction ID : SB29.4473 Amount of Each Disbursement this Period [] 250.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Charitable Donation		Candidate Name []	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: []				
Full Name (Last, First, Middle Initial) B. Tikes, Alex, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112				
City Vinton	State LA	Zip Code 70668	FEC Identification Number C [] Transaction ID : SB29.4477 Amount of Each Disbursement this Period [] 250.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Charitable Donation		Candidate Name []	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: []				
Full Name (Last, First, Middle Initial) C. Underwood, Robert, , ,			Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 13 / 2020	
Mailing Address 5899 Hwy 3112				
City Vinton	State LA	Zip Code 70668	FEC Identification Number C [] Transaction ID : SB29.4479 Amount of Each Disbursement this Period [] 250.00 <input type="checkbox"/> Memo Item	
Purpose of Disbursement Charitable Donation		Candidate Name []	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: []				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 750.00	
TOTAL This Period (last page this line number only)..... ▶			[] 2250.00	