

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FUND FOR LOUISIANA'S FUTURE; THE

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="2014"/>	<input type="text" value="1308832.76"/>	<input type="text" value="1308832.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1308832.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="157500.00"/>	<input type="text" value="157500.00"/>
(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="1466332.76"/>	<input type="text" value="1466332.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="158143.55"/>	<input type="text" value="158143.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1308189.21"/>	<input type="text" value="1308189.21"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FUND FOR LOUISIANA'S FUTURE; THE

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

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).....	57500.00	57500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57500.00	57500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	100000.00	100000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	157500.00	157500.00
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))..... ▶	157500.00	157500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	157500.00	157500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	157143.55	157143.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	157143.55	157143.55
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 (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(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)).....	1000.00	1000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	158143.55	158143.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158143.55	158143.55

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)	157500.00	157500.00
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	156500.00	156500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	157143.55	157143.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	157143.55	157143.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
FUND FOR LOUISIANA'S FUTURE; THE

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

Mailing Address 117 Oak Terrace

City Lafayette State LA Zip Code 70508

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

Name of Employer Gulf Offshore Logistics, LLC Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period
 20000.00

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

Mailing Address 200 W Cypress Creek Road Suite #: 500

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer MCNA Dental Occupation Vice President of MCNAHealth Care

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
 02 / 03 / 2014

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 200 W Cypress Creek Road # 500

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer MCNA Dental Occupation COO

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
 02 / 03 / 2014

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	22000.00
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 8 OF 26
	(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)
FUND FOR LOUISIANA'S FUTURE; THE

A. Dr. Jeffrey Feingold
Full Name (Last, First, Middle Initial)

Mailing Address 200 W Cypress Creek Road
#500

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer MCNA Dental Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period
1000.00

B. Dr. Carlos Garcia
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 691265

City San Antonio State TX Zip Code 78269

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

Name of Employer MCNA Occupation Texas Dental Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
500.00

c. Gulf Offshore Logistics, LLC
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 309

City Raceland State LA Zip Code 70394

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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 26
	<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)
FUND FOR LOUISIANA'S FUTURE; THE

A. Samuel Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 12041 Piccadilly Place
 City Davie State FL Zip Code 33325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SK Hammer & Associates Occupation CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period **1000.00**

B. Mayre Herring
 Full Name (Last, First, Middle Initial)
 Mailing Address 11140 Heron Bay Blvd
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCNA Occupation Chief Compliance and Privacy Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : SA11AI.4887
 Amount of Each Receipt this Period **1000.00**

C. Dr. Philip Hunke
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Summit Pass
 City Boerne State TX Zip Code 78006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCNA Dental Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : SA11AI.4864
 Amount of Each Receipt this Period **2000.00**

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 10 OF 26
	<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)
FUND FOR LOUISIANA'S FUTURE; THE

A. Beatriz Hurtado
Full Name (Last, First, Middle Initial)
Mailing Address 2518 Kodiak Circle
City Eulesless State TX Zip Code 76039
FEC ID number of contributing federal political committee. **C**
Name of Employer MCNA Dental Occupation Director of Network Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2014
Transaction ID : SA11AI.4899
Amount of Each Receipt this Period 250.00

B. Roger Ivey
Full Name (Last, First, Middle Initial)
Mailing Address 5501 S. Atlantic Ave Unit 102
City New Smyrna Beach State FL Zip Code 32169
FEC ID number of contributing federal political committee. **C**
Name of Employer MCNA Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2014
Transaction ID : SA11AI.4847
Amount of Each Receipt this Period 1000.00

C. Glen Kollen
Full Name (Last, First, Middle Initial)
Mailing Address 200 W Cypress Creek Road Suite 500
City Fort Lauderdale State FL Zip Code 33309
FEC ID number of contributing federal political committee. **C**
Name of Employer MCNA Dental Occupation Vice President of Provider Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2014
Transaction ID : SA11AI.4890
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
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 26
<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)
FUND FOR LOUISIANA'S FUTURE; THE

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

Mailing Address 5690 SW 84 Terrace

City Miami State FL Zip Code 33143

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

Name of Employer MCNA Dental Plans Occupation Senior VP and General Counsel

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
 02 / 03 / 2014

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3071 NW 91st Avenue Apt. 102

City Coral Springs State FL Zip Code 33065

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

Name of Employer MCNA Systems Occupation Director of Software Development

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
 02 / 03 / 2014

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 200 West Cypress Creek Road Suite 100

City Fort Lauderdale State FL Zip Code 33309

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

Name of Employer MCNA Occupation Director of Provider Relations

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
 02 / 03 / 2014

Transaction ID : SA11AI.4876

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)
A. Media Riders, Inc.

Mailing Address 2800 E Broadway
Suite C419

City Pearlland State TX Zip Code 77581

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

Name of Employer Occupation

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
 02 / 03 / 2014
Transaction ID : SA11AI.4869

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Medical Economic Development

Mailing Address 10970 NW 6th Court

City Plantation State FL Zip Code 33324

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

Name of Employer Occupation

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
 02 / 03 / 2014
Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
250.00

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

Mailing Address 3000 Island Blvd
#2704

City Aventura State FL Zip Code 33160

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

Name of Employer Occupation
MCNA Consultant

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
 02 / 03 / 2014
Transaction ID : SA11AI.4835

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 13 OF 26
	<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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)
A. Michael A. Meddoff, P.A. Dental Center

Mailing Address 22842 El Dorado Drive

City Boca Raton State FL Zip Code 33433

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

Name of Employer Occupation

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
 02 / 03 / 2014
Transaction ID : SA11AI.4843

Amount of Each Receipt this Period
500.00

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

Mailing Address 15 Nautica Way

City Georgetown State SC Zip Code 79440

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

Name of Employer Occupation
MCNA Dental Clinical Reviewer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4841

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
c. Aldo Rodriguez

Mailing Address 1830 W Oak Knoll Circle

City Davie State FL Zip Code 33324

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

Name of Employer Occupation
MCNA Dental Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 14 OF 26
	<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)
FUND FOR LOUISIANA'S FUTURE; THE

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

Mailing Address 2345 NE 213th Terrace

City Miami	State FL	Zip Code 33180
---------------	-------------	-------------------

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

Name of Employer MCNA	Occupation Chief Dental Officer
--------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3102 NW 82 Way

City Cooper City	State FL	Zip Code 33024
---------------------	-------------	-------------------

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

Name of Employer MCNA Dental	Occupation Executive
---------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2995 Lazy Lane Blvd

City Houston	State TX	Zip Code 77019
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014
Transaction ID : SA11AI.4831

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 15 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FUND FOR LOUISIANA'S FUTURE; THE

A. William Smith D.D.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 807 Kipling Drive
 City Columbia State SC Zip Code 29205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCNA Occupation Clinical Dental Reviewer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4837
 Amount of Each Receipt this Period
 1500.00

B. Edward Strongin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 NW 84th Terrace
 City Cooper City State FL Zip Code 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCNA Dental Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4873
 Amount of Each Receipt this Period
 1000.00

C. Oteasa Townsend
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 SW 67th Lane
 City Miramar State FL Zip Code 33023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCNA Occupation Director of Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.4883
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
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 16 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FUND FOR LOUISIANA'S FUTURE; THE

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

Mailing Address 404 Elm Valley Drive

City State Zip Code
Bulverde TX 78163

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

Name of Employer Occupation
Dirk Dog Holdings, LLC Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	57500.00

**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 17 OF 26
<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)
FUND FOR LOUISIANA'S FUTURE; THE

A. DAVID VITTER FOR US SENATE
Full Name (Last, First, Middle Initial)
Mailing Address 2900 CLEARVIEW PKWY SUITE 206

City METAIRIE	State LA	Zip Code 70006
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00394593

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2014

Transaction ID : SA11C.4828

Amount of Each Receipt this Period
100000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address _____

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address _____

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

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. Churchill Downs Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	17	/	2014

Mailing Address 600 N. Hurstborne Parkway
Suite 400

Transaction ID : SB21B.4827

City Louisville State KY Zip Code 40222

Amount of Each Disbursement this Period

21103.00

Purpose of Disbursement
Fundraising Event Cost - Event Tickets

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Churchill Downs Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2014

Mailing Address 600 N. Hurstborne Parkway
Suite 400

Transaction ID : SB21B.4903

City Louisville State KY Zip Code 40222

Amount of Each Disbursement this Period

9393.00

Purpose of Disbursement
Fundraising Event Cost - Event Tickets

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2014

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

Transaction ID : SB21B.4808

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

25551.52

Purpose of Disbursement
Legal Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

56047.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : SB21B.4817

Amount of Each Disbursement this Period

24256.03

Category/
Type

Full Name (Last, First, Middle Initial)

B. Clark Hill PLC

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2014

Transaction ID : SB21B.4822

Amount of Each Disbursement this Period

10615.50

Category/
Type

Full Name (Last, First, Middle Initial)

C. Clark Hill PLC

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2014

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period

18805.50

Category/
Type

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

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

53677.03

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4826

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Courtney Guastella

Mailing Address 6048 Marshall Foch Street

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4812

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Courtney Guastella

Mailing Address 6048 Marshall Foch Street

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4824

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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. Courtney Guastella

Mailing Address 6048 Marshall Foch Street

City State Zip Code
New Orleans LA 70124

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
03 / 27 / 2014

Transaction ID : SB21B.4902

Amount of Each Disbursement this Period

2735.00

Full Name (Last, First, Middle Initial)

B. PCI Payment Solutions

Mailing Address 902 Chinquapin Road

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 03 / 2014

Transaction ID : SB21B.4803

Amount of Each Disbursement this Period

15.36

Full Name (Last, First, Middle Initial)

C. PCI Payment Solutions

Mailing Address 902 Chinquapin Road

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 06 / 2014

Transaction ID : SB21B.4805

Amount of Each Disbursement this Period

321.50

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

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

3071.86

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. PCI Payment Solutions

Mailing Address 902 Chinquapin Road

City McLean State VA Zip Code 22102

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : SB21B.4815

Amount of Each Disbursement this Period

935.15

Category/
Type

Full Name (Last, First, Middle Initial)

B. Professional Recruiters, Inc.

Mailing Address 6009 Overlea Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2014

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period

115.84

Category/
Type

Full Name (Last, First, Middle Initial)

C. Professional Recruiters, Inc.

Mailing Address 6009 Overlea Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : SB21B.4814

Amount of Each Disbursement this Period

93.38

Category/
Type

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

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

1144.37

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. Pulse Red Communications, LLC

Mailing Address 190 Monroe Avenue NW
Fifth Floor

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement
Communications Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : SB21B.4806

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. SCR & Associates LLC

Mailing Address 4 Leblanc Drive

City Danvers State MA Zip Code 01923

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : SB21B.4820

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. The LS Group, Inc.

Mailing Address 736 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.4807

Amount of Each Disbursement this Period

500.00

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

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

3000.00

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. The LS Group, Inc.

Mailing Address 736 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2014

Transaction ID : SB21B.4811

Amount of Each Disbursement this Period

265.77

Full Name (Last, First, Middle Initial)

B. The LS Group, Inc.

Mailing Address 736 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.4813

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. The LS Group, Inc.

Mailing Address 736 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : SB21B.4816

Amount of Each Disbursement this Period

1500.00

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

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

2265.77

**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)
FUND FOR LOUISIANA'S FUTURE; THE

Full Name (Last, First, Middle Initial)

A. The LS Group, Inc.

Mailing Address 736 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Consulting Services

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
03 / 05 / 2014

Transaction ID : SB21B.4823

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

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

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

2000.00

157143.55

