

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Louisiana Reform PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="6656.76"/>	<input type="text" value="6656.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6656.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="91628.84"/>	<input type="text" value="91628.84"/>
(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="98285.6"/>	<input type="text" value="98285.6"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77317.64"/>	<input type="text" value="77317.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20967.96"/>	<input type="text" value="20967.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2011 To: M M / D D / Y Y Y Y 06 / 30 / 2011

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).....	51450	51450
(ii) Unitemized	150	150
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51600	51600
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	32500	32500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	84100	84100
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	2528.84	2528.84
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000	5000
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	91628.84	91628.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	91628.84	91628.84

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	55651.82	55651.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55651.82	55651.82
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21665.82	21665.82
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	77317.64	77317.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77317.64	77317.64

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)	84100	84100
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84100	84100
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	55651.82	55651.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2528.84	2528.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	53122.98	53122.98

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

As requested, moved expense refunds inadvertently categorized as Other Federal Receipts on line 17 of the original report to Line 15 - Offsets to Operating Expenditures. Also, it was subsequently determined that a \$1,000 check issued in January 2011, will not be cashed by the recipient, so we have deleted the transaction.

Form/Schedule:
Transaction ID:

**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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Leopold Sher

Mailing Address 909 Poydras Street
Floor 28

City New Orleans State LA Zip Code 70112-4000

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

Name of Employer Sher Garner Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID : SA11AI-171-941-c

Amount of Each Receipt this Period
600

Full Name (Last, First, Middle Initial)
B. Lawrence Sisung Jr

Mailing Address 201 Saint Charles Avenue
Suite 4240

City New Orleans State LA Zip Code 70170-1048

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

Name of Employer Sisung Capital, LLC Occupation Managing Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID : SA11AI-448-945-c

Amount of Each Receipt this Period
300

WMG

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

Mailing Address 525 Kathleen Drive

City Ponchatoula State LA Zip Code 70454-3913

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

Name of Employer Self employed Occupation Entertainment Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID : SA11AI-494-919-c

Amount of Each Receipt this Period
300

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 38
	<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)
Louisiana Reform PAC

A. Michael Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 1334 Woodmere Drive
 City Mandeville State LA Zip Code 70471-7456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Science & Engineering Occupation In House Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2011
Transaction ID : SA11AI-508-942-c
 Amount of Each Receipt this Period
 300

B. Erica Lawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 W Parker Boulevard Apt. 4
 City Baton Rouge State LA Zip Code 70808-0600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2011
Transaction ID : SA11AI-509-943-c
 Amount of Each Receipt this Period
 300
 WMG

C. John Lawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Bird Avenue
 City Natchitoches State LA Zip Code 71457-5214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mutual Credit Plan Corp Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2011
Transaction ID : SA11AI-510-944-c
 Amount of Each Receipt this Period
 300
 WMG

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

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

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

FOR LINE NUMBER: PAGE 9 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Cheryl Felder
 Mailing Address 235 Broadway Street
 City State Zip Code
 New Orleans LA 70118-3509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Channel Shipyards Executive VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2011
Transaction ID : SA11AI-511-946-c
 Amount of Each Receipt this Period
 300
 WMG

Full Name (Last, First, Middle Initial)
B. Peter John
 Mailing Address PO Box 1566
 City State Zip Code
 Crowley LA 70527-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John PAC President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2800

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2011
Transaction ID : SA11AI-512-947-c
 Amount of Each Receipt this Period
 300
 WMG

Full Name (Last, First, Middle Initial)
C. Peter John
 Mailing Address PO Box 1566
 City State Zip Code
 Crowley LA 70527-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John PAC President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2800

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2011
Transaction ID : SA11AI-512-987-c
 Amount of Each Receipt this Period
 2500
 Derby Event

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00
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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Roger Smith

Mailing Address 1324 Nashville Avenue

City New Orleans	State LA	Zip Code 70115-4330
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2011

Transaction ID : SA11AI-513-948-c

Amount of Each Receipt this Period

300

WMG

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

Mailing Address 1324 Nashville Avenue

City New Orleans	State LA	Zip Code 70115-4330
---------------------	-------------	------------------------

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

Name of Employer Self-employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2011

Transaction ID : SA11AI-513-976-c

Amount of Each Receipt this Period

150

WMG

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

Mailing Address PO Box 663

City Gretna	State LA	Zip Code 70054-0663
----------------	-------------	------------------------

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

Name of Employer Self-employed	Occupation Insurance Broker
-----------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2011

Transaction ID : SA11AI-514-949-c

Amount of Each Receipt this Period

300

WMG

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 11 OF 38
	(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)
Louisiana Reform PAC

A. Edward Diefenthal
Full Name (Last, First, Middle Initial)

Mailing Address 131 Airline Drive
Suite 202

City Metairie State LA Zip Code 70001-6265

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

Name of Employer Woodvine Group, LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
01 / 24 / 2011
Transaction ID : SA11AI-515-950-c

Amount of Each Receipt this Period
5000

Derby Event

B. Roy Martin III
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1110

City Alexandria State LA Zip Code 71309-1110

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

Name of Employer Roy Marting Lumber Mgmt, LLC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
02 / 07 / 2011
Transaction ID : SA11AI-522-969-c

Amount of Each Receipt this Period
2500

Derby Event

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

Mailing Address PO Box 1110

City Alexandria State LA Zip Code 71309-1110

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

Name of Employer Self-employed Occupation Community Volunteer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
02 / 07 / 2011
Transaction ID : SA11AI-523-970-c

Amount of Each Receipt this Period
2500

Derby Event

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 38
	(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)
Louisiana Reform PAC

A. Bishop Johnston
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4570

City Monroe	State LA	Zip Code 71211-4570
----------------	-------------	------------------------

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

Name of Employer Cymetech, LLC	Occupation Manager
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2011

Transaction ID : SA11AI-524-971-c

Amount of Each Receipt this Period
2500

Derby Event

B. Jody Johnston
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4570

City Monroe	State LA	Zip Code 71211-4570
----------------	-------------	------------------------

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

Name of Employer Cymetech, LLC	Occupation Manager
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2011

Transaction ID : SA11AI-525-972-c

Amount of Each Receipt this Period
2500

Derby Event

C. Donald Chailland
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 8627

City Metairie	State LA	Zip Code 70011-8627
------------------	-------------	------------------------

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

Name of Employer Executive Office Suites, LLC	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2011

Transaction ID : SA11AI-526-973-c

Amount of Each Receipt this Period
2500

Derby Event

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Darlene Clair
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8627

City Metairie State LA Zip Code 70011-8627

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

Name of Employer Self-employed Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2011

Transaction ID : SA11AI-527-974-c

Amount of Each Receipt this Period
2500

Derby Event

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

Mailing Address PO Box 1566

City Crowley State LA Zip Code 70527-1566

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

Name of Employer Self-employed Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2011

Transaction ID : SA11AI-532-988-c

Amount of Each Receipt this Period
2500

Derby Event

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

Mailing Address PO Box 52928

City Lafayette State LA Zip Code 70505-2928

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

Name of Employer Self-employed Occupation Self-employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2011

Transaction ID : SA11AI-533-989-c

Amount of Each Receipt this Period
2500

Derby Event

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Angela Miller

Mailing Address **PO Box 52928**

City Lafayette	State LA	Zip Code 70505-2928
--------------------------	--------------------	-------------------------------

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

Name of Employer Self-employed	Occupation Housewife
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2011

Transaction ID : SA11AI-534-990-c

Amount of Each Receipt this Period

2500

Derby Event

Full Name (Last, First, Middle Initial)
B. W. Elton Kennedy

Mailing Address **PO Box 259**

City Mer Rouge	State LA	Zip Code 71261-0259
--------------------------	--------------------	-------------------------------

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

Name of Employer Kennedy Rice	Occupation Investor
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2011

Transaction ID : SA11AI-535-1031-c

Amount of Each Receipt this Period

1500

Derby Event

Full Name (Last, First, Middle Initial)
C. W. Elton Kennedy

Mailing Address **PO Box 259**

City Mer Rouge	State LA	Zip Code 71261-0259
--------------------------	--------------------	-------------------------------

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

Name of Employer Kennedy Rice	Occupation Investor
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2011

Transaction ID : SA11AI-535-991-c

Amount of Each Receipt this Period

2500

Derby Event

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Anne Kennedy

Mailing Address PO Box 259

City Mer Rouge State LA Zip Code 71261-0259

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

Name of Employer: Self-employed Occupation: Housewife

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000**

Date of Receipt: **05 / 06 / 2011**
Transaction ID : SA11AI-536-1030-c

Amount of Each Receipt this Period: **1500**

Derby Event

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

Mailing Address PO Box 259

City Mer Rouge State LA Zip Code 71261-0259

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

Name of Employer: Self-employed Occupation: Housewife

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000**

Date of Receipt: **03 / 02 / 2011**
Transaction ID : SA11AI-536-992-c

Amount of Each Receipt this Period: **2500**

Derby Event

Full Name (Last, First, Middle Initial)
c. Michele Cooper

Mailing Address 106 Fontainebleau Drive

City Mandeville State LA Zip Code 70471-6419

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

Name of Employer: Self-employed Occupation: Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt: **04 / 20 / 2011**
Transaction ID : SA11AI-542-1011-c

Amount of Each Receipt this Period: **2500**

Derby Event

SUBTOTAL of Receipts This Page (optional)..... ▶ **6500.00**

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 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. Barry Breaux

Mailing Address 4945 Folsie Drive

City Metairie State LA Zip Code 70006-1118

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

Name of Employer Quest Diagnostics Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2011
Transaction ID : SA11AI-548-1028-c

Amount of Each Receipt this Period
2500

Derby Event

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

Mailing Address 4945 Folsie Drive

City Metairie State LA Zip Code 70006-1118

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

Name of Employer Self-employed Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2011
Transaction ID : SA11AI-549-1029-c

Amount of Each Receipt this Period
2500

Derby Event

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

Mailing Address 106 Fontainbleau Drive

City Mandeville State LA Zip Code 70471-6419

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

Name of Employer Ctr. Restorative Breast Sur. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2011
Transaction ID : SA11AI-62-1010-c

Amount of Each Receipt this Period
2500

Derby Event

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	51450.00

**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 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. ARPAC

Mailing Address Premier Tower 19th Floor
451 Florida Blvd

City Baton Rouge State LA Zip Code 70801

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
01 / 24 / 2011
Transaction ID : SA11C-51-951-c

Amount of Each Receipt this Period
5000

WMG

Full Name (Last, First, Middle Initial)
B. Entergy Corporation PAC (EnPAC)

Mailing Address 101 Constitution Avenue NW
Suite 200EAST

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
01 / 24 / 2011
Transaction ID : SA11C-77-952-c

Amount of Each Receipt this Period
5000

WMG

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

Mailing Address 1299 Pennsylvania Avenue NW
Suite 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000

Date of Receipt
02 / 01 / 2011
Transaction ID : SA11C-518-955-c

Amount of Each Receipt this Period
1000

Contribution

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)
A. UPSPAC

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2011

Transaction ID : SA11C-197-956-c

Amount of Each Receipt this Period
5000

Contribution

Full Name (Last, First, Middle Initial)
B. DLA Piper PAC

Mailing Address 500 8th Street NW

City Washington State DC Zip Code 20004-2131

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2011

Transaction ID : SA11C-537-993-c

Amount of Each Receipt this Period
1500

Contribution

Full Name (Last, First, Middle Initial)
C. Northeast Utilities Employees' PAC

Mailing Address 901 F Street NW Suite 602

City Washington State DC Zip Code 20004-1475

FEC ID number of contributing federal political committee. **C** C00102160

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2011

Transaction ID : SA11C-541-1009-c

Amount of Each Receipt this Period
5000

Derby Event

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 19 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. UBS Americas Fund For Better Government
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 K Street NW
 Suite 1100
 City Washington State DC Zip Code 20005-1410
 FEC ID number of contributing federal political committee. **C** C00012245
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2011
Transaction ID : SA11C-550-1032-c
 Amount of Each Receipt this Period
 5000
 Contribution

B. American Optometric Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Prince Street
 Suite 300
 City Alexandria State VA Zip Code 22314-2874
 FEC ID number of contributing federal political committee. **C** C00024968
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2011
Transaction ID : SA11C-551-1033-c
 Amount of Each Receipt this Period
 5000
 Contribution

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	32500.00

**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 20 OF 38
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Hilton Washington & Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Connecticut Avenue NW
 City Washington State DC Zip Code 20009-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.6

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2011
Transaction ID : SA15-423-1070-e
 Amount of Each Receipt this Period
 358.6
 WMG Hotel Refund

B. Hampton Inn
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 E Jefferson Street
 City Louisville State KY Zip Code 40202-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2170.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2011
Transaction ID : SA15-531-1071-e
 Amount of Each Receipt this Period
 1446.82
 Derby event refund

C. Hampton Inn
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 E Jefferson Street
 City Louisville State KY Zip Code 40202-1301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2170.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2011
Transaction ID : SA15-531-1069-e
 Amount of Each Receipt this Period
 723.42
 Derby Hotel Refund

SUBTOTAL of Receipts This Page (optional).....▶	2528.84
TOTAL This Period (last page this line number only).....▶	2528.84

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

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

FOR LINE NUMBER: PAGE 21 OF 38
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Republican Party of Louisiana
Full Name (Last, First, Middle Initial)
Mailing Address 530 Lakeland Drive
Suite 215
City Baton Rouge State LA Zip Code 70802-4441
FEC ID number of contributing federal political committee. **C** C00187450
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2011
Transaction ID : SA16-1014000
Amount of Each Receipt this Period 5000
Refund of excess contribution

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 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 Y Y
Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
January software maintenance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-164-928-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement
January admin

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-165-926-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Credit card fee-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B-164-924-e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. KingCakes.com

Mailing Address 4300 S I 10 Service Road W
Suite 103N

City Metairie State LA Zip Code 70001-7416

Purpose of Disbursement
King Cakes-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
01 / 12 / 2011

Transaction ID : SB21B-418-927-e

Amount of Each Disbursement this Period

591.9

Full Name (Last, First, Middle Initial)

B. PartyCity.com

Mailing Address 25 Green Pond Road
Suite 1

City Rockaway State NJ Zip Code 07866-2047

Purpose of Disbursement
WMG Supplies-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
01 / 14 / 2011

Transaction ID : SB21B-516-953-e

Amount of Each Disbursement this Period

370.97

Full Name (Last, First, Middle Initial)

C. Shindigz

Mailing Address 1 Party Place

City South Whitley State IN Zip Code 46787

Purpose of Disbursement
WMG Supplies-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
01 / 18 / 2011

Transaction ID : SB21B-517-954-e

Amount of Each Disbursement this Period

283.43

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

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

1246.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. QuitntEvents - KS

Mailing Address 9300 Hars Crnrs Parkway
Suite 440

City Charlotte State NC Zip Code 28269-3800

Purpose of Disbursement
Derby Event-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B-519-960-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Monthly software maintenance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B-164-958-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Hilton Washington & Towers

Mailing Address 1919 Connecticut Avenue NW

City Washington State DC Zip Code 20009-5701

Purpose of Disbursement
WMG Hotel-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB21B-423-964-e**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement
February admin

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-165-963-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. US Airways, Inc.

Mailing Address 111 W Rio Salado Parkway

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement
Travel: Airfare from DC to MSY

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-167-957-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Courtney Guastella

Mailing Address 7449 Garfield Street

City New Orleans State LA Zip Code 70118-3636

Purpose of Disbursement
WMG expenses-no candidate benefitted

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-103-966-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. The Mystick Krewe of Louisianians, Inc.

Mailing Address 8941 Jefferson Highway

City State Zip Code
Baton Rouge LA 70809-2407

Purpose of Disbursement
WMG tickets-no candidate benefitted

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-422-965-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Julie Dyer

Mailing Address 516 Hart Senate Office Bldg

City State Zip Code
Washington DC 20510-0001

Purpose of Disbursement
WMG expenses-no candidate benefitted

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-520-967-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City State Zip Code
San Diego CA 92102-4548

Purpose of Disbursement
Credit card fee-no candidate benefitted

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : SB21B-164-977-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
March software maintenance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-164-986-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Courtney Guastella

Mailing Address 7449 Garfield Street

City New Orleans State LA Zip Code 70118-3636

Purpose of Disbursement
March retainer-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-103-980-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement
March admin

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-165-981-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. QuitntEvents - KS

Mailing Address 9300 Hars Crnrs Parkway
Suite 440

City Charlotte State NC Zip Code 28269-3800

Purpose of Disbursement
Derby event-no candidate event

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2011

Transaction ID : SB21B-519-982-e

Amount of Each Disbursement this Period

3594

Full Name (Last, First, Middle Initial)

B. Kyle Ruckert

Mailing Address 703 7th Street SE

City Washington State DC Zip Code 20003-2740

Purpose of Disbursement
WMG expenses-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2011

Transaction ID : SB21B-64-995-e

Amount of Each Disbursement this Period

378.64

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 101 E Jefferson Street

City Louisville State KY Zip Code 40202-1301

Purpose of Disbursement
Derby event-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2011

Transaction ID : SB21B-531-985-e

Amount of Each Disbursement this Period

2170.24

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

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

6142.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Wendy Vitter

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement
Reimburse admin expenses

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-124-997-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
April software maintenance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-164-998-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Galt House Inn

Mailing Address 140 N 4th Street

City Louisville State KY Zip Code 40202-4227

Purpose of Disbursement
Derby event-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-539-1003-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial) A. Courtney Guastella		Date of Disbursement MM / DD / YYYY 04 / 01 / 2011
Mailing Address 7449 Garfield Street		Transaction ID : SB21B-103-999-e
City New Orleans	State LA	
Zip Code 70118-3636	Purpose of Disbursement April retainer-no candidate benefitted	Amount of Each Disbursement this Period 1000
Candidate Name	Category/ Type 003	
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. Monica Schmidt		Date of Disbursement MM / DD / YYYY 04 / 01 / 2011
Mailing Address 10010 Winding Ridge Drive		Transaction ID : SB21B-165-1000-e
City Shreveport	State LA	
Zip Code 71106-7684	Purpose of Disbursement April admin	Amount of Each Disbursement this Period 250
Candidate Name	Category/ Type 001	
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. Miller Transportation		Date of Disbursement MM / DD / YYYY 04 / 18 / 2011
Mailing Address 7917 Old Third Street Road		Transaction ID : SB21B-540-1004-e
City Louisville	State KY	
Zip Code 40214	Purpose of Disbursement Derby transportation-no candidate benefitted	Amount of Each Disbursement this Period 1040
Candidate Name	Category/ Type 003	
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).....▶	2290.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. US Airways, Inc.

Mailing Address 111 W Rio Salado Parkway

City State Zip Code
Tempe AZ 85281-2880

Purpose of Disbursement
Derby transportation-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
04 / 21 / 2011

Transaction ID : SB21B-167-1005-e

Amount of Each Disbursement this Period

1249.6

B. Federal Express

Mailing Address 1501 Eckington Place NE

City State Zip Code
Washington DC 20002-2127

Purpose of Disbursement
Derby postage-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
04 / 28 / 2011

Transaction ID : SB21B-169-1007-e

Amount of Each Disbursement this Period

235.36

C. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City State Zip Code
San Diego CA 92102-4548

Purpose of Disbursement
May software maintenance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
05 / 01 / 2011

Transaction ID : SB21B-164-1017-e

Amount of Each Disbursement this Period

403

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

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

1887.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Churchill Downs

Mailing Address 700 Central Avenue

City Louisville State KY Zip Code 40208-1212

Purpose of Disbursement
Derby Event-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-543-1018-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Hampton Inn

Mailing Address 101 E Jefferson Street

City Louisville State KY Zip Code 40202-1301

Purpose of Disbursement
Derby Event-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-531-1016-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Vincenzo

Mailing Address 150 S 5th Street

City Louisville State KY Zip Code 40202-3102

Purpose of Disbursement
Derby Event-no candidate benefitted

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-544-1019-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Courtney Guastella

Mailing Address 7449 Garfield Street

City State Zip Code
New Orleans LA 70118-3636

Purpose of Disbursement
May retainer-no candidate benefitted

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-103-1026-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City State Zip Code
Shreveport LA 71106-7684

Purpose of Disbursement
May admin

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-165-1027-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mrs. Wendy Vitter

Mailing Address 238 Helios Avenue

City State Zip Code
Metairie LA 70005-3755

Purpose of Disbursement
Reimburse expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B-124-1038-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Vincenzo

Mailing Address 150 S 5th Street

City Louisville State KY Zip Code 40202-3102

Purpose of Disbursement
Derby Event-no candidate benefit

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-544-1022-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
June software maintenance

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-164-1036-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Courtney Guastella

Mailing Address 7449 Garfield Street

City New Orleans State LA Zip Code 70118-3636

Purpose of Disbursement
Fundraising: June Retainer

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-103-1040-e

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Monica Schmidt

Mailing Address 10010 Winding Ridge Drive

City Shreveport State LA Zip Code 71106-7684

Purpose of Disbursement
June admin

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2011

Transaction ID : SB21B-165-1041-e

Amount of Each Disbursement this Period

<input type="text" value="250"/>

Full Name (Last, First, Middle Initial)

B. Mrs. Wendy Vitter

Mailing Address 238 Helios Avenue

City Metairie State LA Zip Code 70005-3755

Purpose of Disbursement
Reimburse expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2011

Transaction ID : SB21B-124-1045-e

Amount of Each Disbursement this Period

<input type="text" value="372.27"/>

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

<input type="text"/>

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

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

<input type="text" value="622.27"/>

<input type="text" value="54578.58"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Community Press, LLC

Mailing Address 910 N Foster Drive

City State Zip Code
Baton Rouge LA 70806-1807

Purpose of Disbursement
Grassroots support

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2011

Transaction ID : SB23-528-979-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. Vice Chairman's Reception

Mailing Address PO Box 4037

City State Zip Code
New Orleans LA 70178-4037

Purpose of Disbursement
Grass roots support

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2011

Transaction ID : SB23-529-983-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

C. Louisiana Institute of Public Policy & Politics

Mailing Address 13144 Perkins Road

City State Zip Code
Baton Rouge LA 70810-2029

Purpose of Disbursement
Grass roots support

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2011

Transaction ID : SB23-530-984-e

Amount of Each Disbursement this Period

2500

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

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

8000.00

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address PO Box 410182

City State Zip Code
Kansas City MO 64141-0182

Purpose of Disbursement
Political Contribution: Debt retirement

011

Candidate Name

Roy Blunt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2011

Transaction ID : SB23-558-1001-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

B. Republican Party of Louisiana

Mailing Address 530 Lakeland Drive
Suite 215

City State Zip Code
Baton Rouge LA 70802-4441

Purpose of Disbursement
Political Contribution: Contribution

011

Candidate Name

Republican Party of Louisiana

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2011

Transaction ID : SB23-491-1002-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

C. The Political Firm

Mailing Address 611 North Street

City State Zip Code
Baton Rouge LA 70802-5420

Purpose of Disbursement
Grass roots support

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : SB23-396-1042-e

Amount of Each Disbursement this Period

1165.82

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

8665.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

Full Name (Last, First, Middle Initial)

A. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement
Political Contribution: Contribution

011

Candidate Name
Dean Heller

Category/
Type

Office Sought: House
 Senate
 President
State: NV District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : SB23-556-1044-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

B. Snowe For Senate

Mailing Address PO BOX 2012

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement
Political Contribution: Contribution

011

Candidate Name
Olympia J Snowe

Category/
Type

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2011

Transaction ID : SB23-554-1043-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

5000.00

21665.82