



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Louisiana Reform PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">1572.42</td></tr></table>	1572.42
Y	Y	Y	Y									
2	0	0	7									
1572.42												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">1572.42</td></tr></table>	1572.42										
1572.42												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">49000.00</td></tr></table>	49000.00	<table border="1" style="width: 100%;"><tr><td align="center">49000.00</td></tr></table>	49000.00								
49000.00												
49000.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">50572.42</td></tr></table>	50572.42	<table border="1" style="width: 100%;"><tr><td align="center">50572.42</td></tr></table>	50572.42								
50572.42												
50572.42												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">38692.53</td></tr></table>	38692.53	<table border="1" style="width: 100%;"><tr><td align="center">38692.53</td></tr></table>	38692.53								
38692.53												
38692.53												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">11879.89</td></tr></table>	11879.89	<table border="1" style="width: 100%;"><tr><td align="center">11879.89</td></tr></table>	11879.89								
11879.89												
11879.89												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">.00</td></tr></table>	.00										
.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">.00</td></tr></table>	.00										
.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Louisiana Reform PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	43000.00	43000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43000.00	43000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	49000.00	49000.00
12. Transfers From Affiliated/Other Party Committees .....	.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 Transfer (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)) .....	49000.00	49000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49000.00	49000.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	32692.53	32692.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	32692.53	32692.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	38692.53	38692.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38692.53	38692.53

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	49000.00	49000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49000.00	49000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32692.53	32692.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32692.53	32692.53

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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

**A.** Full Name (Last, First, Middle Initial)  
Michael Futrell

Mailing Address 10875 Belle Cour Way

City State Zip Code  
Shreveport LA 71106-7771

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

Name of Employer Cardiovascular Consultants  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2007

Transaction ID: SA11A1-135-412-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

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

Mailing Address 702 Thora Boulevard

City State Zip Code  
Shreveport LA 71106-1824

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

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2007

Transaction ID: SA11A1-136-365-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

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

Mailing Address 499 S Capitol Street SW  
Suite 600

City State Zip Code  
Washington DC 20003-4037

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

Name of Employer The Livingston Group  
Occupation Government Affairs Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2007

Transaction ID: SA11A1-23-423-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Louisiana Reform PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Thelma Woods		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address PO Box 65300		Transaction ID: SA11A1-137-414-c
City State Zip Code Shreveport LA 71136-5300	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Woods Operating	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Virginia Shehee		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address PO Box 88		Transaction ID: SA11A1-144-416-c
City State Zip Code Shreveport LA 71161-0088	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Kilpatrick Life Insurance Co	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Archer Frierson		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007
Mailing Address 10985 Harts Island Road		Transaction ID: SA11A1-145-409-c
City State Zip Code Shreveport LA 71115-9579	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Vintage Realty Co.	Occupation Commercial Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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.** Full Name (Last, First, Middle Initial)  
Robert Nichols

Mailing Address 6121 Fern Avenue

City State Zip Code  
Shreveport LA 71105-4155

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

Name of Employer Occupation  
Eagle Distributing of Shreveport General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2007

Transaction ID: SA11A1-146-408-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

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

Mailing Address 10249 Ellerbe Road

City State Zip Code  
Shreveport LA 71106-7449

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

Name of Employer Occupation  
Woods Operating President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2007

Transaction ID: SA11A1-147-411-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

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

Mailing Address PO Box 7665

City State Zip Code  
Shreveport LA 71137-7665

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

Name of Employer Occupation  
Franks Management Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2007

Transaction ID: SA11A1-150-413-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 24
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Louisiana Reform PAC

Full Name (Last, First, Middle Initial) <b>A. Alan Murphy</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 400 Travis Street Suite 1910		<b>Transaction ID:</b> SA11A1-151-366-c
City State Zip Code Shreveport LA 71101-3145	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Self Employed Investor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution
Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Paul Dickson</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2007
Mailing Address PO Box 51367		<b>Transaction ID:</b> SA11A1-154-367-c
City State Zip Code Shreveport LA 71135-1367	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Morris & Dickson LLC Member	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution
Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Will Atkins</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2007
Mailing Address 736 Linden Street		<b>Transaction ID:</b> SA11A1-155-419-c
City State Zip Code Shreveport LA 71104-4320	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Atco Investments Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution
Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<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.** Full Name (Last, First, Middle Initial)  
Wade Webster

Mailing Address 4614 Carondelet Street

City State Zip Code  
New Orleans LA 70115-4822

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

Name of Employer Middleberg, Riddle & Gian-na  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 7

Transaction ID: SA11A1-180-363-c

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 333 Texas Street Suite 1116

City State Zip Code  
Shreveport LA 71101-3677

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 ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 7

Transaction ID: SA11A1-185-364-c

Amount of Each Receipt this Period  
1500.00

PAC Contribution

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

Mailing Address 527 W Esplanade Avenue Suite 200

City State Zip Code  
Kenner LA 70065-2568

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

Name of Employer Digital Engineering Inc  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 7

Transaction ID: SA11A1-287-361-c

Amount of Each Receipt this Period  
2500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Louisiana Reform PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Matt Locke		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 5930		Transaction ID: SA11A1-300-368-c
City State Zip Code Shreveport LA 71135-5930	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	PAC Donation	
Name of Employer Occupation Self Employed Developer	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Barry Dreyfus		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 15181 Autumn Court		Transaction ID: SA11A1-301-369-c
City State Zip Code Gulfport MS 39503-8768	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Occupation USMI President	Aggregate Year-to-Date 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Donald Wiener		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 333 Texas Street Suite 2375		Transaction ID: SA11A1-311-410-c
City State Zip Code Shreveport LA 71101-3681	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer Occupation Weiner, Weiss & Madison Attorney	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Louisiana Reform PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Lacy Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 416 Travis Street Suite 1200		<b>Transaction ID:</b> SA11A1-312-415-c	
City State Zip Code Shreveport LA 71101-5504		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer Will Drill, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John Turner, Jr.		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address PO Box 5130		<b>Transaction ID:</b> SA11A1-313-420-c	
City State Zip Code Bossier City LA 71171-5130		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer Self employed	Occupation Self employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Todd Davison		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2007	
Mailing Address 202 Brookside Road		<b>Transaction ID:</b> SA11A1-288-362-c	
City State Zip Code Choudrant LA 71227-4853		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Davison Transport	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	43000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 24
	(check only one)	
<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) <b>A. American Society of Anesthesiologists PAC</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2007
Mailing Address 520 N Northwest Highway		<b>Transaction ID:</b> SA11C-52-422-c
City State Zip Code Park Ridge IL 60068-2538	FEC ID number of contributing federal political committee. <b>C</b> C00255752	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. KOCHPAC</b>		Date of Receipt MM / DD / YYYY 01 / 11 / 2007
Mailing Address 655 15th Street NW Suite 445		<b>Transaction ID:</b> SA11C-245-342-c
City State Zip Code Washington DC 20005-5727	FEC ID number of contributing federal political committee. <b>C</b> C00236489	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	PAC Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6000.00

**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) <b>A. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-381-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 4000.00
City New Orleans State LA Zip Code 70118-3636	001 Category/Type	
Purpose of Disbursement Staff Retreat-no candidate benefited Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-371-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 3000.00
City New Orleans State LA Zip Code 70118-3636	001 Category/Type	
Purpose of Disbursement Monthly Retainer Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-385-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 2500.00
City New Orleans State LA Zip Code 70118-3636	001 Category/Type	
Purpose of Disbursement Monthly Retainer Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> 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)

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<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) <b>A. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-390-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 2500.00
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement Monthly Retainer Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-393-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 2500.00
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement Monthly Retainer Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-396-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 2500.00
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement Monthly Retainer Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

PAGE 16 / 24

<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) <b>A. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-388-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 0.00
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement VOIDED CHECK Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-402-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 2500.00
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement Monthly Retainer Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Courtney Guastella</b>		<b>Transaction ID:</b> SB21B-103-382-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7449 Garfield Street		Amount of Each Disbursement this Period 518.95
City New Orleans State LA Zip Code 70118-3636	Purpose of Disbursement Staff Retreat - Parking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3018.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 17 / 24

<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) <b>A. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-394-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 250.00
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-389-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 270.44
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee+Postage	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-397-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 270.35
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee + Postage	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	790.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 18 / 24

<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) <b>A. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-403-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 250.00
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-372-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 268.12
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee + Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Monica Schmidt</b>		<b>Transaction ID:</b> SB21B-165-386-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address 10010 Winding Ridge Drive		Amount of Each Disbursement this Period 250.00
City Shreveport State LA Zip Code 71106-7684		
Purpose of Disbursement Monthly Admin Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	768.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 19 / 24

<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) <b>A. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-375-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement MM / DD / YYYY 01 / 10 / 2007	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 395.00
Purpose of Disbursement Fundraising: Credit Card Processing Fee		<input type="text" value="003"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-398-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Monthly Service Fee		<input type="text" value="001"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-370-e	
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement MM / DD / YYYY 01 / 03 / 2007	
City San Diego	State CA	Zip Code 92102-4548	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Monthly Service Fee		<input type="text" value="001"/> Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1095.00</b>
<b>TOTAL</b> 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)

PAGE 20 / 24

<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) <b>A. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-373-e Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement Monthly Service Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) <b>B. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-400-e Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement Monthly Service Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) <b>C. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-384-e Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement Monthly Service Fee	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="350.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 21 / 24

<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) <b>A. CompleteCampaigns.com</b>		<b>Transaction ID:</b> SB21B-164-374-e
Mailing Address 610 Gateway Center Way Suite K		Date of Disbursement MM / DD / YYYY 04 / 01 / 2007
City San Diego	State CA	Amount of Each Disbursement this Period <input type="text" value="350.00"/>
Zip Code 92102-4548		
Purpose of Disbursement Monthly Service Fee		<input type="text" value="001"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> SB21B-252-392-e
Mailing Address 300 1st Street SE		Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
City Washington	State DC	Amount of Each Disbursement this Period <input type="text" value="29.85"/>
Zip Code 20003-1801		
Purpose of Disbursement Monthly Dues-no candidate benefited		<input type="text" value="001"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> SB21B-252-380-e
Mailing Address 300 1st Street SE		Date of Disbursement MM / DD / YYYY 02 / 20 / 2007
City Washington	State DC	Amount of Each Disbursement this Period <input type="text" value="350.11"/>
Zip Code 20003-1801		
Purpose of Disbursement Dues+Lunch-no candidate benefited		<input type="text" value="001"/> Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="729.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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

<p><b>A. Louisiana Superdome</b></p> <p>Full Name (Last, First, Middle Initial) Louisiana Superdome</p> <p>Mailing Address Poydras Street</p> <p>City New Orleans State LA Zip Code 20003-1801</p> <p>Purpose of Disbursement Saints Tickets-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B-302-376-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3060.00"/></p> <p>Category/Type: <input type="text" value="003"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. Acadiana Outreach</b></p> <p>Full Name (Last, First, Middle Initial) Acadiana Outreach</p> <p>Mailing Address 125 S Buchanan Street</p> <p>City Lafayette State LA Zip Code 70501-5944</p> <p>Purpose of Disbursement Saints tickets-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B-303-377-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p>Category/Type: <input type="text" value="003"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Ocean Aviation, LLC</b></p> <p>Full Name (Last, First, Middle Initial) Ocean Aviation, LLC</p> <p>Mailing Address PO Box 80707</p> <p>City Lafayette State LA Zip Code 70598-0707</p> <p>Purpose of Disbursement Charter DC to BR-no candidate benefited</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> SB21B-306-395-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3244.00"/></p> <p>Category/Type: <input type="text" value="002"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6654.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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)

PAGE 23 / 24

<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) <b>A. B. Smith's Restaurant - Union Station</b>		<b>Transaction ID:</b> SB21B-307-399-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 50 Massachusetts Avenue NE		Amount of Each Disbursement this Period 975.00
City Washington State DC Zip Code 20002-4214	Category/ Type 003	
Purpose of Disbursement Flag Day Event - no candidate benefited Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak</b>		<b>Transaction ID:</b> SB21B-305-383-e Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 101 Constitution Avenue NW		Amount of Each Disbursement this Period 377.52
City Washington State DC Zip Code 20001-2133	Category/ Type 001	
Purpose of Disbursement Lunch - no candidate benefited Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

1352.52

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

32459.34

**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)

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<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) <b>A. Friends of Bobby Jindal</b>		<b>Transaction ID:</b> SB23-310-404-e	
Mailing Address PO Box 8628		Date of Disbursement MM / DD / YYYY 06 / 26 / 2007	
City Metairie	State LA	Zip Code 70011-8628	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Political Contribution: Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name Bobby Jindal			
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:	(For State/Local Candidate Support)		

Full Name (Last, First, Middle Initial) <b>B. McConnell Senate Committee 2008</b>		<b>Transaction ID:</b> SB23-308-401-e	
Mailing Address PO Box 1496		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007	
City Louisville	State KY	Zip Code 40201-1496	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Political Contribution: Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name Mitch McConnell			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6000.00</b>