

# 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 Values 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 Susan Shaw

Signature of Treasurer Susan Shaw [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 Values 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="2014"/>	<input type="text" value="51815.90"/>	<input type="text" value="51815.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51815.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8700.00"/>	<input type="text" value="8700.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60515.90"/>	<input type="text" value="60515.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1317.81"/>	<input type="text" value="1317.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59198.09"/>	<input type="text" value="59198.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8700.00	8700.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8700.00	8700.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8700.00	8700.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8700.00	8700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8700.00	8700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1317.81	1317.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1317.81	1317.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1317.81	1317.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1317.81	1317.81

**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) .....	8700.00	8700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8700.00	8700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	1317.81	1317.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1317.81	1317.81

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

Mailing Address 333 Texas Street, Suite 2300

City Shreveport	State LA	Zip Code 71101
--------------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 434 Pollard Place

City Shreveport	State LA	Zip Code 71106
--------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

**Transaction ID : SA11AI.4926**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2400 Hospital Drive  
Suite 200

City Bossier City	State LA	Zip Code 71111
----------------------	-------------	-------------------

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

Name of Employer Willis Knighton Health System	Occupation Physian
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 9
	(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

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 Values PAC**

**A. Kevin Byram**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 Edwards Street, Suite 2110

City Shreveport	State LA	Zip Code 71101
--------------------	-------------	-------------------

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

Name of Employer Heritage Energy Company, Inc.	Occupation Owner
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

**Transaction ID : SA11AI.4920**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 5129 Highway 507

City Coushatta	State LA	Zip Code 71019
-------------------	-------------	-------------------

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

Name of Employer None	Occupation Home Maker
--------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2014

**Transaction ID : SA11AI.4937**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 333 Texas Street, Suite 2300

City Shreveport	State LA	Zip Code 71101
--------------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

**Transaction ID : SA11AI.4924**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Denny Gamble Jr.**

Mailing Address 8520 Business Park Drive

City Shreveport	State LA	Zip Code 71105
--------------------	-------------	-------------------

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

Name of Employer Gamble Guest Care Corporation	Occupation Nursing Homes
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : SA11AI.4917**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 8520 Business Park Drive

City Shreveport	State LA	Zip Code 71105
--------------------	-------------	-------------------

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

Name of Employer Gamble Guest Care Corporation	Occupation Nursing Homes
---	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : SA11AI.4939**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**c. Laura Seabaugh**

Mailing Address 9727 Norris Ferry Road

City Shreveport	State LA	Zip Code 71106
--------------------	-------------	-------------------

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

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014  
**Transaction ID : SA11AI.4935**

Amount of Each Receipt this Period  
800.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8700.00

**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

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 Values PAC**

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Blvd. MD 2400

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Airfare

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
01		30		2014

Transaction ID : SB21B.4932

Amount of Each Disbursement this Period

493.00
--------

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Airfare

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
01		30		2014

Transaction ID : SB21B.4930

Amount of Each Disbursement this Period

553.50
--------

Full Name (Last, First, Middle Initial)

**C. United States Post Office**

Mailing Address 111 S. Monroe Street

City Minden State LA Zip Code 71055

Purpose of Disbursement  
Stamps

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
01		30		2014

Transaction ID : SB21B.4931

Amount of Each Disbursement this Period

29.40
-------

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

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

1075.90
---------

1075.90
---------