



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Free At Last 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=""/>	<input type="text" value="128.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="764.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="439109.18"/>	<input type="text" value="440752.41"/>
(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="439874.05"/>	<input type="text" value="440880.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="423514.96"/>	<input type="text" value="424521.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16359.09"/>	<input type="text" value="16359.09"/>
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

**Free At Last PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	422500.00	422600.00
(ii) Unitemized .....	13026.18	14569.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	435526.18	437169.41
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3583.00	3583.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	439109.18	440752.41
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))..... ▶	439109.18	440752.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	439109.18	440752.41

**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 .....	60249.96	61256.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60249.96	61256.87
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) .....	363265.00	363265.00
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)) ..	423514.96	424521.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	423514.96	424521.87

**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) .....	439109.18	440752.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	439109.18	440752.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	60249.96	61256.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60249.96	61256.87

**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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Free At Last PAC**

**A. Mr. Larry Campisi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 567  
 City Abbeville State LA Zip Code 70511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Campisi Agency Occupation Realtor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.5714**  
 Amount of Each Receipt this Period  
**250.00**

**B. Marty Cater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4223 Genoa Rd  
 City Texarkana State AR Zip Code 71854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Control Concepts Inc. Occupation Electrical contractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2014  
**Transaction ID : SA11AI.5834**  
 Amount of Each Receipt this Period  
**250.00**

**C. James E Dowling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 La Casa Via #260  
 City Walnut Creek State CA Zip Code 94598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : SA11AI.5562**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<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 7 OF 47
	<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)  
**Free At Last PAC**

**A. Jeff Erickson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Ravenwood Ct.

City	State	Zip Code
Napa	CA	94558

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

Name of Employer	Occupation
SJC&G Inc.	Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		03		2014

**Transaction ID : SA11AI.6002**

Amount of Each Receipt this Period  
250.00

**B. Robert Herring**  
Full Name (Last, First, Middle Initial)

Mailing Address 4280 Rancho Las Brisas Trl

City	State	Zip Code
San Diego	CA	92130

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

Name of Employer	Occupation
Herring Broadcasting	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		07		2014

**Transaction ID : SA11AI.5408**

Amount of Each Receipt this Period  
5000.00

Contribution

**C. Annette J Holler**  
Full Name (Last, First, Middle Initial)

Mailing Address 5226 Driftwood Ln

City	State	Zip Code
Morehead City	NC	28557

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

Name of Employer	Occupation
Retired	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		06		2014

**Transaction ID : SA11AI.5852**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<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 47
	<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)  
**Free At Last PAC**

**A. Jeffrey Jakubiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1321 Upland Drive, #1882  
 City Houston State TX Zip Code 77043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Valerian Capital Group Occupation Finance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 04 / 2014**  
**Transaction ID : SA11AI.6042**  
 Amount of Each Receipt this Period **250.00**

**B. Mr. Nicholas James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Welham Loop  
 City La Place State LA Zip Code 70068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mexichem Occupation chE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2014**  
**Transaction ID : SA11AI.5666**  
 Amount of Each Receipt this Period **250.00**

**C. Victor Jury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9109 Pebble Beach Dr Ne  
 City Albuquerque State NM Zip Code 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Electric Supply Occupation Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : SA11AI.5933**  
 Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3000.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
<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)  
**Free At Last PAC**

**A. James L Morgan**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 12174

City Atlanta	State GA	Zip Code 30355
-----------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2014

**Transaction ID : SA11AI.5977**

Amount of Each Receipt this Period  
1000.00

**B. Greg Mosing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Bear Creek Court

City Broussard	State LA	Zip Code 70518
-------------------	-------------	-------------------

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2014

**Transaction ID : SA11AI.5395**

Amount of Each Receipt this Period  
5000.00

Contribution

**C. Anthony Scott Noble**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15601 N Dallas Parkway Ste 900

City Addison	State TX	Zip Code 75001
-----------------	-------------	-------------------

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

Name of Employer Noble Royalties Inc	Occupation President
-----------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

**Transaction ID : SA11AI.5405**

Amount of Each Receipt this Period  
250000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	256000.00
<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 10 OF 47
	<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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)  
**A. Anthony Scott Noble**

Mailing Address 15601 N Dallas Parkway  
Ste 900

City Addison State TX Zip Code 75001

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

Name of Employer Noble Royalties Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400000.00

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
150000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. David R Raines Jr**

Mailing Address 611 Grammont St

City Monroe State LA Zip Code 71201

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

Name of Employer GI Clinic Occupation Physican

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 03 / 2014  
**Transaction ID : SA11AI.5744**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Victor Ratz**

Mailing Address 14303 78Th Ave East

City Puyallup State WA Zip Code 98373

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

Name of Employer Tulip, LLC Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 01 / 2014  
**Transaction ID : SA11AI.5530**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150750.00
<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 11 OF 47
	<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)  
**Free At Last PAC**

**A. William B Reily IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Vincent Ave

City Metairie State LA Zip Code 70005

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

Name of Employer Wm. B. Reily IV Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period  
1000.00

**B. Fred N. Sauer**  
Full Name (Last, First, Middle Initial)

Mailing Address 454 Hammersmith Rd

City St. Louis State MO Zip Code 63141

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

Name of Employer Orion Investment Company Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.5396**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Frederic G. Sauer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1657 Forest View Dr

City St. Louis State MO Zip Code 63122

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

Name of Employer Orin Investment Company Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.5398**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 12 OF 47
	<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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)  
**A. Slade Scoles**

Mailing Address 11285 Elkins Rd Ste L-1

City	State	Zip Code
Roswell	GA	30076

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

Name of Employer	Occupation
SES Environmental	Environmental Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014  
**Transaction ID : SA11AI.6028**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 328 Independence Dr

City	State	Zip Code
Mandeville	LA	70471

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

Name of Employer	Occupation
Self-Employed	Self-Employed

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : SA11AI.5622**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Taylor J Smith**

Mailing Address 21 Oak Haven Way

City	State	Zip Code
Woodside	CA	94062

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

Name of Employer	Occupation
Self-Employed	Therapist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014  
**Transaction ID : SA11AI.6050**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 13 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

**A. John Spence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 N Clark. Ste 2440  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer XMS capital partners Occupation Investment Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.5680**  
 Amount of Each Receipt this Period  
 250.00

**B. Jeremiah Supple**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Acacia  
 City Lafayette State LA Zip Code 70508  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.5789**  
 Amount of Each Receipt this Period  
 500.00

**C. Barry Traub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 7908  
 City Rocky Mount State NC Zip Code 27804  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2014  
**Transaction ID : SA11AI.5655**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 14 OF 47  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)  
**A. Tamra A Trentacoste**

Mailing Address 9813 Gretna Green Dr

City Tampa State FL Zip Code 33626

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : SA11AI.5617**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. David R Tverberg M.D.**

Mailing Address 455 W. Mckinley St.

City Owatonna State MN Zip Code 55060

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.5797**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Stephen L Wiesenfeld**

Mailing Address 3102 Shell Ave

City Midland State TX Zip Code 79705

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2014  
**Transaction ID : SA11AI.5842**

Amount of Each Receipt this Period  
250.00

**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 15 OF 47  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew Yates**

Mailing Address 18400 Shelburne Road

City State Zip Code  
Shaker Heights OH 44118

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

Name of Employer Occupation  
Ernst and Young Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : SA11AI.6071**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Martha Zoller**

Mailing Address 4921 Rilla Road

City State Zip Code  
Gainesville GA 30506

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

Name of Employer Occupation  
ZTP LLC Political Analyst

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.5957**

Amount of Each Receipt this Period  
250.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	422500.00

**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 47  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

**A. BLACK CONGRESSIONAL FUND PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2875 TOWERVIEW ROAD SUITE 1000  
 City HERNDON State VA Zip Code 20171  
 FEC ID number of contributing federal political committee. **C** C00371617  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3583.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11C.5431**  
 Amount of Each Receipt this Period  
 3583.00  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3583.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3583.00



**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Agave Cantina**

Mailing Address 200 E Vermillion St.

City Lafayette State LA Zip Code 70501

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.5436**

Amount of Each Disbursement this Period

110.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Air Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.5437**

Amount of Each Disbursement this Period

359.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Anedot**

Mailing Address 3rd St.  
Suite 2B

City Baton Rouge State LA Zip Code 70801

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : SB21B.5521**

Amount of Each Disbursement this Period

772.99

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

772.99

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address 3rd St.  
Suite 2B

City State Zip Code  
Baton Rouge LA 70801

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

**Transaction ID : SB21B.5522**

Amount of Each Disbursement this Period

2	3	7	.	2	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Arent Fox LLP**

Mailing Address 1717 K Street NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Legal and Campaign Finance Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	4

**Transaction ID : SB21B.5416**

Amount of Each Disbursement this Period

1	4	1	5	7	.	9	4
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Arent Fox LLP**

Mailing Address 1717 K Street NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Legal and Campaign Finance Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	4

**Transaction ID : SB21B.5417**

Amount of Each Disbursement this Period

7	0	2	.	5	7
---	---	---	---	---	---

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

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

2	1	4	1	7	.	7	8
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2	1	4	1	7	.	7	8
---	---	---	---	---	---	---	---

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Arent Fox LLP**

Mailing Address 1717 K Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Legal and Campaign Finance Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

**Transaction ID : SB21B.5420**

Amount of Each Disbursement this Period

5000.00
---------

Category/Type

Full Name (Last, First, Middle Initial)

**B. Atlanta Airport**

Mailing Address Terminal D - Atlanta Airport

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Air Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5456**

Amount of Each Disbursement this Period

16.75
-------

Category/Type

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Back In Time**

Mailing Address 123 W Landry St.

City Opelousas State LA Zip Code 70570

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5440**

Amount of Each Disbursement this Period

39.54
-------

Category/Type

**[MEMO ITEM]**

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

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial) <b>A. Baton Rouge Airport</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address 9430 Jackie Cochran Dr.		<b>Transaction ID : SB21B.5442</b>
City Baton Rouge	State LA	
Purpose of Disbursement Parking (See Tran ID - SB21B.5433)	Candidate Name	Amount of Each Disbursement this Period 35.00
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. Bellue's Fine Cajun Cuisine</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address 3110 Scenic Hwy		<b>Transaction ID : SB21B.5444</b>
City Baton Rouge	State LA	
Purpose of Disbursement Meals (See Tran ID - SB21B.5433)	Candidate Name	Amount of Each Disbursement this Period 31.85
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. Brave New Television</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 13716 Shady Hollow		<b>Transaction ID : SB21B.5427</b>
City Denham Springs	State LA	
Purpose of Disbursement Media Production	Candidate Name	Amount of Each Disbursement this Period 3900.00
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).....▶	3900.00
<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)

<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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial) <b>A. Brave New Television</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 13716 Shady Hollow		<b>Transaction ID : SB21B.6062</b>
City Denham Springs	State LA	
Zip Code 70726	Purpose of Disbursement Media Consulting	Amount of Each Disbursement this Period 1500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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. Cafe Phoenicia</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address 240 S Range Ave.		<b>Transaction ID : SB21B.5446</b>
City Denham Springs	State LA	
Zip Code 70726	Purpose of Disbursement Meals (See Tran ID - SB21B.5433)	Amount of Each Disbursement this Period 119.57
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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. Chase Cardmember Services</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2014
Mailing Address P.O. Box 15153		<b>Transaction ID : SB21B.5433</b>
City Wilmington	State DE	
Zip Code 19886	Purpose of Disbursement Debt Repayment: Credit Card Payment	Amount of Each Disbursement this Period 5713.29
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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).....▶	7213.29
<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)

<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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Chase Cardmember Services**

Mailing Address P.O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
Annual Membership Fee (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5438**

Amount of Each Disbursement this Period

95.00
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chase Cardmember Services**

Mailing Address P.O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
Interest (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5497**

Amount of Each Disbursement this Period

775.73
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Chase Cardmember Services**

Mailing Address P.O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
Payment of credit card interest

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB21B.5434**

Amount of Each Disbursement this Period

35.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

35.50
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Chevron**

Mailing Address 510 Saint Ferdinand St.

City State Zip Code  
Baton Rouge LA 70802

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5448**

Amount of Each Disbursement this Period

175.66
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Chick-Fil-A**

Mailing Address 1919 Millerville Rd

City State Zip Code  
Baton Rouge LA 70816

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5449**

Amount of Each Disbursement this Period

13.48
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. City Cafe**

Mailing Address 4710 O'Neal Ln.

City State Zip Code  
Baton Rouge LA 70817

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5451**

Amount of Each Disbursement this Period

56.19
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address 1601 Trapelo Rd.

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Email Management System (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.5453**

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Contrast Films**

Mailing Address 555 S Foster Dr

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

**Transaction ID : SB21B.5412**

Amount of Each Disbursement this Period

710.00

Full Name (Last, First, Middle Initial)

**C. Contrast Films**

Mailing Address 555 S Foster Dr

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement  
Media Supplies Purchase (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2014

**Transaction ID : SB21B.5468**

Amount of Each Disbursement this Period

136.25

[MEMO ITEM]

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

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

710.00



**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Delta Air**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Air Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5454**

Amount of Each Disbursement this Period

301.80
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Dollar Rent A Car**

Mailing Address 4216 Air Ramp Rd.

City Charlotte State NC Zip Code 28214

Purpose of Disbursement  
Ground Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5458**

Amount of Each Disbursement this Period

238.59
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Don's Seafood Hut**

Mailing Address 4309 Johnston St.

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5460**

Amount of Each Disbursement this Period

37.17
-------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Expedia**

Mailing Address 333 108th Ave NE

City Bellevue State WA Zip Code 98004

Purpose of Disbursement  
Air Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5461**

Amount of Each Disbursement this Period

55.26
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Exxon Mobil**

Mailing Address Various Locations

City Baton Rouge State LA Zip Code 70801

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5463**

Amount of Each Disbursement this Period

84.51
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
PAC Advertising (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5465**

Amount of Each Disbursement this Period

574.12
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address 3808 Ambassador Caffrey Pkwy

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Shipping Expense (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

**Transaction ID : SB21B.5467**

Amount of Each Disbursement this Period

33.45

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Elbert Guillory**

Mailing Address 633 E Landry St

City Opelousas State LA Zip Code 70570

Purpose of Disbursement  
Management and Political Consulting

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  
10 / 30 / 2014

**Transaction ID : SB21B.5418**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Hilton Hotels**

Mailing Address 3330 Harding Blvd.

City Baton Rouge State LA Zip Code 70807

Purpose of Disbursement  
Lodging (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

**Transaction ID : SB21B.5470**

Amount of Each Disbursement this Period

136.65

**[MEMO ITEM]**

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

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Jimmy Johns**

Mailing Address 2920 Johnston St.

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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
10		09		2014

**Transaction ID : SB21B.5472**

Amount of Each Disbursement this Period

15.71
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. JPC Development LLC**

Mailing Address 9944 Paonia Park Place

City Colorado Springs State CO Zip Code 80924

Purpose of Disbursement  
Fundraising Commission

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
11		04		2014

**Transaction ID : SB21B.5421**

Amount of Each Disbursement this Period

875.00
--------

Full Name (Last, First, Middle Initial)

**C. Kaminari At Esplanade Inc**

Mailing Address 5260 Corporate Boulevard

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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
10		09		2014

**Transaction ID : SB21B.5474**

Amount of Each Disbursement this Period

30.68
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**[MEMO ITEM]**

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

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

875.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Lagniappe Communications Group, LLC**

Mailing Address 201 St. Charles Ave.  
Suite 2500

City New Orleans State LA Zip Code 70170

Purpose of Disbursement  
Email List Rental and Online Advertising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5428**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Lagniappe Communications Group, LLC**

Mailing Address 201 St. Charles Ave.  
Suite 2500

City New Orleans State LA Zip Code 70170

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6063**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Legends Annex LLC**

Mailing Address 4559 Johnston St.

City Lafayette State LA Zip Code 70506

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.5476**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Leroy's**

Mailing Address 4001 Nicholson Dr.

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5478**

Amount of Each Disbursement this Period

31.78
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Longhorn Steakhouse**

Mailing Address 4248 Ambassador Caffery Parkway

City State Zip Code  
Lafayette LA 70508

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5480**

Amount of Each Disbursement this Period

39.28
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. McDonald's**

Mailing Address 190 N I 10

City State Zip Code  
Beaumont TX 77702

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5482**

Amount of Each Disbursement this Period

8.43
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Meteor Productions**

Mailing Address 2153 Broussard St

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
Media Consulting

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  
10 / 29 / 2014

Transaction ID : **SB21B.5425**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Murphy Express**

Mailing Address 32336 La Highway 16

City State Zip Code  
Denham Springs LA 70726

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

Transaction ID : **SB21B.5484**

Amount of Each Disbursement this Period

43.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Nom Nom**

Mailing Address 240 Range 12 Blvd. #102

City State Zip Code  
Denham Springs LA 70726

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

Transaction ID : **SB21B.5486**

Amount of Each Disbursement this Period

7.87

[MEMO ITEM]

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

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

400.00

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Not Your Moma's**

Mailing Address 9025 Highway 190

City Livonia State LA Zip Code 70755

Purpose of Disbursement Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5488**

Amount of Each Disbursement this Period: 136.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Papa John's**

Mailing Address 28977 La Hwy 447

City Walker State LA Zip Code 70785

Purpose of Disbursement Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5490**

Amount of Each Disbursement this Period: 37.89

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Pats Edgewater Inn**

Mailing Address 1008 Henderson Levee Rd.

City Henderson State LA Zip Code 70517

Purpose of Disbursement Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5492**

Amount of Each Disbursement this Period: 105.93

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**Free At Last PAC**

**A. Pilot**

Full Name (Last, First, Middle Initial)

Mailing Address 4301 South Main St.

City LaPlace State LA Zip Code 70068

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5494**

Amount of Each Disbursement this Period: 49.71

[MEMO ITEM]

**B. Popeyes Chicken**

Full Name (Last, First, Middle Initial)

Mailing Address 2404 W Congress St.

City Lafayette State LA Zip Code 70506

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5496**

Amount of Each Disbursement this Period: 11.41

[MEMO ITEM]

**C. Racetrac**

Full Name (Last, First, Middle Initial)

Mailing Address 401 Ambassador Caffrey Pkwy

City Scott State LA Zip Code 70583

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 09 / 2014

Transaction ID : **SB21B.5499**

Amount of Each Disbursement this Period: 79.57

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Shell Oil**

Mailing Address Multiple Locations

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5500**

Amount of Each Disbursement this Period

197.54
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Sheraton Charlotte Airport**

Mailing Address 3315 Scott Futrell Dr

City State Zip Code  
Charlotte NC 28208

Purpose of Disbursement  
Parking (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5502**

Amount of Each Disbursement this Period

27.31
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Springhill Suites**

Mailing Address 975 North Perimeter Rd.

City State Zip Code  
Manchester NH 03103

Purpose of Disbursement  
Lodging (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : **SB21B.5504**

Amount of Each Disbursement this Period

342.40
--------

[MEMO ITEM]

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

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

0.00
------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Starbucks**

Mailing Address Various Locations

City State Zip Code  
Baton Rouge LA 70801

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : SB21B.5505

Amount of Each Disbursement this Period

34.33
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Texaco**

Mailing Address 27952 Walker South

City State Zip Code  
Walker LA 70785

Purpose of Disbursement  
Fuel Expense (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : SB21B.5507

Amount of Each Disbursement this Period

29.83
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Texas Roadhouse**

Mailing Address 5620 Johnston St.

City State Zip Code  
Lafayette LA 70503

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : SB21B.5509

Amount of Each Disbursement this Period

49.01
-------

[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Thai Kitchen**

Mailing Address 4335 Perkins Rd.

City State Zip Code  
Baton Rouge LA 70808

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

**Transaction ID : SB21B.5511**

Amount of Each Disbursement this Period

84.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. The Chimes East**

Mailing Address 10870 Coursey Blvd.

City State Zip Code  
Baton Rouge LA 70816

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

**Transaction ID : SB21B.5513**

Amount of Each Disbursement this Period

51.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. The Cove-Hawaiian Grill**

Mailing Address 9618 Jefferson Hwy

City State Zip Code  
Baton Rouge LA 70809

Purpose of Disbursement  
Meals (See Tran ID - SB21B.5433)

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  
10 / 09 / 2014

**Transaction ID : SB21B.5515**

Amount of Each Disbursement this Period

12.34

[MEMO ITEM]

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

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

0.00

**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)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Travel Insurance Policy**

Mailing Address P.O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
Air Travel Insurance (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5517**

Amount of Each Disbursement this Period

22.48
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd.

City State Zip Code  
Phoenix AZ 85034

Purpose of Disbursement  
Air Travel (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5519**

Amount of Each Disbursement this Period

562.10
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20035

Purpose of Disbursement  
Postage (See Tran ID - SB21B.5433)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB21B.5520**

Amount of Each Disbursement this Period

12.98
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[MEMO ITEM]

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 1100 Connecticut Ave NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : SB21B.5430**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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 / 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)..... ▶

60.00

59909.20

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Free At Last PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Arent Fox LLP</b>	Nature of Debt (Purpose): Legal Fees
Mailing Address 1717 K Street NW	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period <input type="text" value="14157.94"/>	<b>Transaction ID : SD10.5253</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="14157.94"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chase Cardmember Services</b>	Nature of Debt (Purpose): Credit Card Purchases
Mailing Address P.O. Box 15153	
City State Zip Code Wilmington DE 19886	

Outstanding Balance Beginning This Period <input type="text" value="5713.29"/>	<b>Transaction ID : SD10.5252</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5713.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Free At Last PAC
FEC IDENTIFICATION NUMBER
C C00547117
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Beard and Company
Mailing Address
10342 Ridgely Dr
City
Baton Rouge State
LA Zip Code
70809
Purpose of Expenditure
Media Production Category/
Type
004
Name of Federal Candidate
MARY L LANDRIEU
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
2689.00

Date of Public Distribution/Dissemination
10 / 27 / 2014
Amount
1530.00
Transaction ID : SE.5348
Date of Disbursement or Obligation
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Brave New Television
Mailing Address
13716 Shady Hollow
City
Denham Springs State
LA Zip Code
70726
Purpose of Expenditure
Media Production Category/
Type
004
Name of Federal Candidate
MARY L LANDRIEU
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1159.00

Date of Public Distribution/Dissemination
10 / 27 / 2014
Amount
1000.00
Transaction ID : SE.5346
Date of Disbursement or Obligation
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2530.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature David Satterfield [Electronically Filed] Date 12 / 04 / 2014



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Free At Last PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00547117
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Brave New Television</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2014
Mailing Address 13716 Shady Hollow	Amount <span style="border: 1px solid black; padding: 2px;">7400.00</span>
City State Zip Code Denham Springs LA 70726	<b>Transaction ID : SE.5376</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARK LUNSFORD PRYOR	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">37110.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brave New Television</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2014
Mailing Address 13716 Shady Hollow	Amount <span style="border: 1px solid black; padding: 2px;">7700.00</span>
City State Zip Code Denham Springs LA 70726	<b>Transaction ID : SE.5377</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARY MICHELLE NUNN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: GA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">46422.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">15100.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*David Satterfield*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
12 / 04 / 2014

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Free At Last PAC
FEC IDENTIFICATION NUMBER
C C00547117
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cody Coyote Films LLC
Mailing Address
11023 Clearview Ave
City
Baton Rouge State
LA Zip Code
70811
Purpose of Expenditure
Media Production Category/
Type
004
Name of Federal Candidate
MARY L LANDRIEU
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3189.00

Date of Public Distribution/Dissemination
10 / 27 / 2014
Amount
500.00
Transaction ID : SE.5350
Date of Disbursement or Obligation
Office Sought:
House
Senate
District: 00
State: LA
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
James Bonato Video LLC
Mailing Address
12108 Pikeview Terrace
City
Germantown State
MD Zip Code
20874
Purpose of Expenditure
Video Footage Category/
Type
004
Name of Federal Candidate
MARY L LANDRIEU
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
159.00

Date of Public Distribution/Dissemination
10 / 27 / 2014
Amount
159.00
Transaction ID : SE.5343
Date of Disbursement or Obligation
Office Sought:
House
Senate
District: 00
State: LA
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 659.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature David Satterfield [Electronically Filed] Date 12 / 04 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Free At Last PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00547117
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Lagniappe Communications Group, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2014
Mailing Address 201 St. Charles Ave. Suite 2500	Amount <span style="border: 1px solid black; padding: 2px;">7276.00</span>
City State Zip Code New Orleans LA 70170	<b>Transaction ID : SE.5354</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Placement	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARY L LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10965.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Lagniappe Communications Group, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2014
Mailing Address 201 St. Charles Ave. Suite 2500	Amount <span style="border: 1px solid black; padding: 2px;">54000.00</span>
City State Zip Code New Orleans LA 70170	<b>Transaction ID : SE.5364</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Placement	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARY L LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">64965.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">61276.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*David Satterfield*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Free At Last PAC
FEC IDENTIFICATION NUMBER
C C00547117
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Lagniappe Communications Group, LLC
Mailing Address
201 St. Charles Ave.
Suite 2500
City
New Orleans State
LA Zip Code
70170
Date of Public Distribution/Dissemination
10 / 31 / 2014
Amount
37736.00
Transaction ID : SE.5371
Date of Disbursement or Obligation
Purpose of Expenditure
Media Placement Category/
Type 004
Name of Federal Candidate
MARY L LANDRIEU Support
Oppose Office Sought:
House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
104901.00
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Lagniappe Communications Group, LLC
Mailing Address
201 St. Charles Ave.
Suite 2500
City
New Orleans State
LA Zip Code
70170
Date of Public Distribution/Dissemination
10 / 31 / 2014
Amount
29710.00
Transaction ID : SE.5372
Date of Disbursement or Obligation
Purpose of Expenditure
Media Placement Category/
Type 004
Name of Federal Candidate
MARK LUNSFORD PRYOR Support
Oppose Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
29710.00
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 67446.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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David Satterfield
[Electronically Filed]
Date 12 / 04 / 2014
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Free At Last PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00547117
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Lagniappe Communications Group, LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 03 / 2014</b>
Mailing Address 201 St. Charles Ave. Suite 2500	Amount <span style="border: 1px solid black; padding: 2px;">24832.00</span>
City State Zip Code New Orleans LA 70170	<b>Transaction ID : SE.5390</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Placement	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARY MICHELLE NUNN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: <u>00</u> State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">221254.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014

Full Name of Payee <b>Joe Salcedo</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 27 / 2014</b>
Mailing Address 4759 Earl Gros #534	Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>
City State Zip Code Baton Rouge LA 70820	<b>Transaction ID : SE.5352</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate MARY L LANDRIEU	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3689.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">25332.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*David Satterfield*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
**12 / 04 / 2014**

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Free At Last PAC
FEC IDENTIFICATION NUMBER
C C00547117
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Twin Fish Media, LLC
Mailing Address
26204 Avoyelles Ave.
City
Denham Springs State
LA Zip Code
70726
Date of Public Distribution/Dissemination
10 / 30 / 2014
Amount
2200.00
Transaction ID : SE.5365
Date of Disbursement or Obligation
Purpose of Expenditure
Media Production Category/
Type
004
Name of Federal Candidate
MARY L LANDRIEU
Support
Oppose
Office Sought:
House
Senate
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
67165.00
Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Purpose of Expenditure
Category/
Type
Name of Federal Candidate
Support
Oppose
Office Sought:
House
Senate
District:
State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 2200.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 363265.00

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David Satterfield
[Electronically Filed]
Date
12 / 04 / 2014
Signature