

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) RESTORE OUR DEMOCRACY PAC

ADDRESS (number and street) 319 NANCY'S ROAD QUTIMAN LA 71268

2. FEC IDENTIFICATION NUMBER C00458307 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) ... (c) 12-Day PRE-Election Report for the: Primary (12P) ... (d) 30-Day Post -Election Report for the: General (30G) ...

5. Covering Period 01 01 2011 through 03 31 2011

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

Signature of Treasurer Electronically Filed by Randy Alexander Date 09 09 2011

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

A. Form/Schedule : **F3XA**

Transaction ID :

This amendment is filed in response to the Commission's letter dated August 22, 2011. The disbursements in question were incorrectly reported as refunds; however, the disbursements were actually to purchase tickets.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
RESTORE OUR DEMOCRACY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		7953.68
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	7953.68									
(c) Total Receipts (from Line 19) .....	21407.18	21407.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29360.86	29360.86								
7. Total Disbursements (from Line 31) .....	21330.10	21330.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8030.76	8030.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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**

Write or Type Committee Name  
RESTORE OUR DEMOCRACY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	14300.00	14300.00
(ii) Unitemized .....	1000.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15300.00	15300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6100.00	6100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21400.00	21400.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.18	7.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21407.18	21407.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21407.18	21407.18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20330.10	20330.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20330.10	20330.10
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21330.10	21330.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21330.10	21330.10

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) .....	21400.00	21400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21400.00	21400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20330.10	20330.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20330.10	20330.10

**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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Paul F Cambon

Mailing Address 908 Croton Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Occupation  
The Livingston Group Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID: 375**

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Cancienne

Mailing Address P O Box 36

City State Zip Code  
Belle Rose LA 70341

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

Name of Employer Occupation  
The Livingston Group Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID: 377**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James E Davison

Mailing Address 222 Loblolly Lane

City State Zip Code  
Choudrant LA 71227

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

Name of Employer Occupation  
Davison Transport Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2011

**Transaction ID: 371**

Amount of Each Receipt this Period  
1000.00

**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: PAGE 8 / 26  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**RESTORE OUR DEMOCRACY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
Randy Denmon

Mailing Address P O Box 8460

City State Zip Code  
**Monroe LA 71211**

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

Name of Employer Denmon Engineering Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **MM / DD / YYYY**  
**02 / 01 / 2011**

**Transaction ID: 365**

Amount of Each Receipt this Period **800.00**

**B.**

Full Name (Last, First, Middle Initial)  
John A Guillot

Mailing Address 1200 Brookhaven Avenue

City State Zip Code  
**Ruston LA 71270**

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

Name of Employer Hunt Guillot & Associates Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **MM / DD / YYYY**  
**01 / 14 / 2011**

**Transaction ID: 358**

Amount of Each Receipt this Period **1250.00**

**C.**

Full Name (Last, First, Middle Initial)  
Trott Hunt

Mailing Address 2200 Llangeler Drive

City State Zip Code  
**Ruston LA 71270**

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

Name of Employer Hunt Guillot & Associates Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **MM / DD / YYYY**  
**01 / 14 / 2011**

**Transaction ID: 357**

Amount of Each Receipt this Period **1250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristi Jones		Date of Receipt
	Mailing Address 1450 Frenchman's Bend Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	Monroe	LA	71203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 366</b>
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Gary Jones		Date of Receipt
	Mailing Address 220 East Frenchman's Bend		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	Monroe	LA	71203
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 376</b>
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Campbell Kaufman		Date of Receipt
	Mailing Address 2109 Woodmont Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 9 / 2 0 1 1
	City	State	Zip Code
	Alexandria	VA	22307
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: 379</b>
Name of Employer Cornerstone Government Affairs		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

**A.** Full Name (Last, First, Middle Initial)  
James W Moore, Jr  
Mailing Address P O Box 4947

City State Zip Code  
Monroe LA 71211

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

Name of Employer Occupation  
Moore Oil & Gas Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

**Transaction ID: 372**  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Larry L Murray  
Mailing Address 5756 Berkshire Avenue

City State Zip Code  
Baton Rouge LA 70806

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

Name of Employer Occupation  
Self employed Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

**Transaction ID: 374**  
Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas M O'Neal  
Mailing Address 569 Emory Road

City State Zip Code  
Choudrant LA 71227

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

Name of Employer Occupation  
O'Neal Gas Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 1

**Transaction ID: 359**  
Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Dawne R Smith		Date of Receipt	
	Mailing Address 101 Cerdan Circle		M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID: 378</b>
	West Monroe	LA	71291	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1500.00	
Name of Employer Paramount Healthcare		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14300.00

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

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

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

**A.**

Full Name (Last, First, Middle Initial)  
ARPAC

Mailing Address 401 9th Street NW  
Suite 610 South

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2011

**Transaction ID: 368**

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
CENTURYLINK INC. EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 150 FAYETTEVILLE STREET  
SUITE 2810

City RALEIGH State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2011

**Transaction ID: 369**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
ENTERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 425 West Capitol Avenue Suite 40B

City Little Rock State AR Zip Code 72203

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2011

**Transaction ID: 370**

Amount of Each Receipt this Period  
2500.00

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

6000.00

**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 13 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) RESTORE OUR DEMOCRACY PAC
--

<b>A.</b>	Full Name (Last, First, Middle Initial) Noble Ellington Campaign		Date of Receipt	
	Mailing Address 4270 Front Street		M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID: 430</b>
	Winnsboro	LA	71295	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	100.00
	Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Red River Bank		Date of Receipt
	Mailing Address P O Box 12550		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Alexandria	LA	71315
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 381
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2.02"/>	
			Amount of Each Receipt this Period
			<input type="text" value="2.02"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Red River Bank		Date of Receipt
	Mailing Address P O Box 12550		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Alexandria	LA	71315
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 383
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="4.73"/>	
			Amount of Each Receipt this Period
			<input type="text" value="2.71"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Red River Bank		Date of Receipt
	Mailing Address P O Box 12550		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Alexandria	LA	71315
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="7.18"/>	
			Amount of Each Receipt this Period
			<input type="text" value="2.45"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7.18"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7.18"/>

# 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)  
RESTORE OUR DEMOCRACY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alexander, Rodney</p> <p>Mailing Address 319 Nancy's Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Travel expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 398 <b>Date of Disbursement</b> 03 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 303.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander, Rodney</p> <p>Mailing Address 319 Nancy's Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Event expense - see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 420 <b>Date of Disbursement</b> 03 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 821.36</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Martin's Wine &amp; Spirits</p> <p>Mailing Address 1919 Florida Ave NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 421 <b>Date of Disbursement</b> 03 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 215.88</p> <p><b>[MEMO ITEM]</b></p>

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

1124.36

**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)

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

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Harris Teeter Mailing Address 900 Army Navy Drive City Arlington State VA Zip Code 22203 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 422 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2011
	Category/Type Amount of Each Disbursement this Period 294.01 [MEMO ITEM]	

<b>B.</b> Full Name (Last, First, Middle Initial) Costco Mailing Address 1200 S. Fern Street City Arlington State VA Zip Code 22202 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 423 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2011
	Category/Type Amount of Each Disbursement this Period 94.61 [MEMO ITEM]	

<b>C.</b> Full Name (Last, First, Middle Initial) Trader Joe's Mailing Address 1101 25th Street NW City Washington State DC Zip Code 20037 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 424 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2011
	Category/Type Amount of Each Disbursement this Period 106.55 [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 26

<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)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hobby Lobby Mailing Address 200 Blanchard Drive City West Monroe State LA Zip Code 71291 Purpose of Disbursement Event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 425 Date of Disbursement 03 / 20 / 2011
	Category/Type [MEMO ITEM]	Amount of Each Disbursement this Period 79.61

<b>B.</b> Full Name (Last, First, Middle Initial) Washington Hilton Mailing Address 1919 Connecticut Avenue NW City Washington State DC Zip Code 20009 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 426 Date of Disbursement 03 / 20 / 2011
	Category/Type [MEMO ITEM]	Amount of Each Disbursement this Period 30.70

<b>C.</b> Full Name (Last, First, Middle Initial) Costco Mailing Address 1200 S. Fern Street City Arlington State VA Zip Code 22202 Purpose of Disbursement Office Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 387 Date of Disbursement 01 / 28 / 2011
	Category/Type	Amount of Each Disbursement this Period 235.36

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

235.36

**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)  
RESTORE OUR DEMOCRACY PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address P O Box 20706  City Atlanta State GA Zip Code 30302  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 388 Date of Disbursement 01 / 28 / 2011	Amount of Each Disbursement this Period 931.40
B.	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address P O Box 20706  City Atlanta State GA Zip Code 30302  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 390 Date of Disbursement 02 / 08 / 2011	Amount of Each Disbursement this Period 25.00
C.	Full Name (Last, First, Middle Initial) Ronny C Haisty, Jr  Mailing Address 236 St Andrews Road  City Calhoun State LA Zip Code 71225  Purpose of Disbursement Purchase of event tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 394 Date of Disbursement 01 / 28 / 2011	Amount of Each Disbursement this Period 800.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1756.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marriott Austin South</p> <p>Mailing Address 4415 S Interstate 35</p> <p>City Austin State TX Zip Code 78744</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 401 <b>Date of Disbursement</b> 03 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 367.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mystick Krewe of Louisianians</p> <p>Mailing Address P O Box 80518</p> <p>City Baton Rouge State LA Zip Code 70898</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 393 <b>Date of Disbursement</b> 01 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 4550.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Political Compliance Services Inc</p> <p>Mailing Address P O Box 373</p> <p>City Fairfax Station State VA Zip Code 22039</p> <p>Purpose of Disbursement Consultant:Compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 389 <b>Date of Disbursement</b> 01 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p>

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

5167.95

**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)  
RESTORE OUR DEMOCRACY PAC

A.	Full Name (Last, First, Middle Initial) Political Compliance Services Inc	Transaction ID: 395 Date of Disbursement
	Mailing Address P O Box 373	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City Fairfax Station State VA Zip Code 22039	Amount of Each Disbursement this Period
	Purpose of Disbursement Consultant: Compliance	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vickie R Rich	Transaction ID: 415 Date of Disbursement
	Mailing Address 4406 Wellington Blvd	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Alexandria State LA Zip Code 71303	Amount of Each Disbursement this Period
	Purpose of Disbursement Purchase of event tickets	<input type="text" value="800.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Sherie Richardson	Transaction ID: 404 Date of Disbursement
	Mailing Address 107 Hunters Ridge	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City West Monroe State LA Zip Code 71291	Amount of Each Disbursement this Period
	Purpose of Disbursement Expense reimbursement - see memo entries	<input type="text" value="8565.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8815.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
RESTORE OUR DEMOCRACY PAC

**A.** Full Name (Last, First, Middle Initial)  
Hilton Hotel

Mailing Address 1919 Connecticut Avenue

City Washington State DC Zip Code 20005

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 405  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period  
6256.55

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Dallas Market

Mailing Address Dallas Market Center

City Dallas State TX Zip Code 77042

Purpose of Disbursement Gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 406  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period  
260.75

[MEMO ITEM]

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

Mailing Address 6640 Exchequer Dr.

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement Event Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** 407  
**Date of Disbursement**  
M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 1 1

Amount of Each Disbursement this Period  
423.57

[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)

PAGE 22 / 26

<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)  
RESTORE OUR DEMOCRACY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) U S Postal Service</p> <p>Mailing Address 601 Wood Street</p> <p>City West Monroe State LA Zip Code 71291</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 408</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.30"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address 3103 Cypress Street</p> <p>City West Monroe State LA Zip Code 71291</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 409</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="257.11"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 200 Blanchard Drive</p> <p>City West Monroe State LA Zip Code 71291</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 410</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.41"/></p> <p><b>[MEMO ITEM]</b></p>

**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)

PAGE 23 / 26

<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)  
RESTORE OUR DEMOCRACY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hobby Lobby</p> <p>Mailing Address 200 Blanchard Drive</p> <p>City West Monroe State LA Zip Code 71291</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 411 <b>Date of Disbursement</b> 03 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 150.19</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petals</p> <p>Mailing Address 1429 G Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Balloons</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 412 <b>Date of Disbursement</b> 03 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 135.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Paper Shack</p> <p>Mailing Address 1818 Forsythe</p> <p>City Monroe State LA Zip Code 71105</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 413 <b>Date of Disbursement</b> 03 / 06 / 2011</p> <p>Amount of Each Disbursement this Period 54.41</p> <p><b>[MEMO ITEM]</b></p>

**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)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Total Party & Total Fright <hr/> Mailing Address 3222 M Street NW Suite M347 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Event Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 414 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 43.30  <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Tommie Seaton <hr/> Mailing Address 1839 Wycoff St <hr/> City Pineville State LA Zip Code 71360 <hr/> Purpose of Disbursement Event expense - see memo entry Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 417 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1740.40  <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Washington Hilton <hr/> Mailing Address 1919 Connecticut Avenue NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 418 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1740.40  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1740.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

<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)  
RESTORE OUR DEMOCRACY PAC

A.

Full Name (Last, First, Middle Initial)  
Dennie Williams

Transaction ID: 403  
Date of Disbursement

Mailing Address 908 W Pointe Drive

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

City State Zip Code  
Alexandria LA 71303

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
Event Tickets  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

500.00
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TOTAL This Period (last page this line number only) .....

19340.06
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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)

PAGE 26 / 26

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
RESTORE OUR DEMOCRACY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Re-Elect Bob Kostelka <hr/> Mailing Address P O Box 2122 <hr/> City Monroe State LA Zip Code 71207 <hr/> Purpose of Disbursement Political contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 427 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Re-Elect Sam Little <hr/> Mailing Address 117 S Franklin Street <hr/> City Bastrop State LA Zip Code 71220 <hr/> Purpose of Disbursement Political contribution Candidate Name Re-Elect Sam Little <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 392 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00

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

1000.00

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

1000.00