24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Defend Louisiana PAC	C C00616128					
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y D Y D Y					
Alegra Printing	Public Distribution/Dissemination					
	0 27 2016					
Amount	:					
City State Zip Code	5500.00					
Date of	ction ID : SE.4347 Disbursement or Obligation					
Duinting 1 its nature	10 / 27 / 2016					
Name of Federal Candidate	House District: 00					
CAMPBELL, FOSTER LONNNIE II, , , Oppose Presiden	senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary X General ner (specify) ▶					
	Public Distribution/Dissemination					
	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address P.O. Box 50730 Amount	t					
City State Zip Code	5500.00					
Date of	tion ID : SE.4343 f Disbursement or Obligation					
	0 27 2016					
Name of Federal Candidate Support Office Sought:	House District: 00					
CAMPBELL, FOSTER LONNNIE II, , ,	nt Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary ✗ General ner (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	11000.00					
	11000.00					
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7					
(c) TOTAL Independent Expenditures	7 7 7					
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.						
[Electronically Filed] Date 10	27 2016					
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	HEFORT OF INDEFE	ADENT EXPEND	TONES		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼	
Defend Lou	iisiana PAC				C C00616128	
Check if X 24-	hour report 48-hour repo	ort New rep	ort Amends repo		= M / D = D / Y = Y = Y	
Full Name of	Payee			Date o	of Public Distribution/Dissemination	
LIFE				М	10 27 Y 2016	
Mailing Addre	SS 3720 Hessmer Ave			Amour	nt	
City		State	Zip Code		7500.00	
Metairie		LA	70002		action ID : SE.4344 of Disbursement or Obligation	
Purpose of E Community (Category/ Type 003	M	10 27 2016	
Name of Fed	eral Candidate		x Support	Office Sought	: House District: 00	
CAMPBELL,	FOSTER LONNNIE II, , ,		Oppose	Preside		
	r Year-To-Date tion for Office Sought	7 7	185893.93	Disbursement 2016 Ot	t For: Primary x General ther (specify) ▶	
Full Name of	Payee			Date of	of Public Distribution/Dissemination	
NOEL					10 27 7 2016	
Mailing Addre	P.O. Box 58248			Amou	nt	
City		State	Zip Code		2500.00	
New Orleans		LA	70158		ction ID : SE.4345 of Disbursement or Obligation	
Purpose of E Community			Category/ Type 003	М	10 27 7 2016	
Name of Fed	leral Candidate		x Support	Office Sough	t: House District: 00	
CAMPBELL,	FOSTER LONNNIE II, , ,		Oppose	Preside	ent Senate State: LA	
	r Year-To-Date ction for Office Sought		188393.93	Disbursemen 2016 O	t For:	
(a) SUBTOTA	L of Itemized Independent Exp	enditures			10000.00	
					4 1 4 1 4	
(b) SUBTOTA	L of Unitemized Independent E	expenditures		•	7 7 7	
(c) TOTAL Inc	dependent Expenditures			•	7 1 7 1 7 1	
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	Cownsend, Taylor, , ,	[Electron	ically Filed] Date	10	27 / 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

			FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼			
De	efend Louisiana PAC	С	C00616128			
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y			
Т	Full Name of Payee	Date of Pu	blic Distribution/Dissemination			
ŀ	The Campaign Network	10 ^M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
١	Mailing Address 140 Bayswater Street	Amount				
ŀ	City State Zip Code	52196.59 Transaction ID : SE.4348 Date of Disbursement or Obligation				
	Boston MA 02128					
	Purpose of Expenditure Mail and Robocalls Category/ Type 004	10	27 / 2016			
Г	Name of Federal Candidate Support Office	Sought:	House District: 00			
ļ	CAMPBELL, FOSTER LONNNIE II, , ,	President	Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought Disbur 251090.52 Disbur 2016	sement For	: Primary x General (specify) ▶			
ľ	Full Name of Payee United Ballot PAC	Date of Pu	blic Distribution/Dissemination			
	Mailing Address 113 Alfred Street	Amount				
ŀ	City State Zip Code		5000.00			
	,	Transaction	n ID : SE.4346 sbursement or Obligation			
	Purpose of Expenditure Community Outreach Category/ Type 003	10	27 / 2016			
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00			
	CAMPBELL, FOSTER LONNNIE II, , ,	President	Senate State: LA			
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For	: Primary ✗ General (specify) ▶			
(6	a) SUBTOTAL of Itemized Independent Expenditures		57196.59			
(1	b) SUBTOTAL of Unitemized Independent Expenditures		7 1 4 1 4			
(0	c) TOTAL Independent Expenditures		78196.59			
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.						
	Townsend, Taylor, , , [Electronically Filed] Date Signature) / D	7 2016			
	g					

PAGE

OF

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