

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

RICK JOHN FOR CONGRESS

ADDRESS (number and street) 3646 YOUREE DRIVE

Check if different than previously reported. (ACC)

SHREVEPORT

LA

71105

2. FEC IDENTIFICATION NUMBER

C C00603514

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

LA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

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 Rick John

Signature of Treasurer Rick John

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**RICK JOHN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	55197.50	55197.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55197.50	55197.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19278.76	19278.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19278.76	19278.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	46918.74	
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).....	11000.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**RICK JOHN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46100.00	46100.00
(ii) Unitemized.....	1275.00	1275.00
(iii) TOTAL of contributions from individuals ▶	47375.00	47375.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	7822.50	7822.50
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	55197.50	55197.50
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	11000.00	11000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11000.00	11000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	66197.50	66197.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19278.76	19278.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19278.76	19278.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	66197.50
25. SUBTOTAL (add Line 23 and Line 24).....	66197.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19278.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46918.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Royal Alexander**

Mailing Address P. O. Box 1837

City Shreveport State LA Zip Code 71166

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4128**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephanie Alexander**

Mailing Address 3863 Betty Virginia Circle

City Shreveport State LA Zip Code 71106

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

Name of Employer Patriot Roofing Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1367 Forest Creek

City Shreveport State LA Zip Code 71115

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

Name of Employer Orthopedic Specialist Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

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

Mailing Address 415 Sherwood Road

City Shreveport State LA Zip Code 71115

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

Name of Employer Atco Investments Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 7606 Fern Avenue Suite 1103

City Shreveport State LA Zip Code 71105

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

Name of Employer Atlas Consulting, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1016 Bayberry Circle

City Shreveport State LA Zip Code 71106

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

Name of Employer Regional Pierremont Group Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Holly Briery**

Mailing Address 1016 Bayberry Circle

City Shreveport State LA Zip Code 71106

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4116**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Debbie Canatella**

Mailing Address 10323 Ellerbe Road

City Shreveport State LA Zip Code 71106

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

Name of Employer Self-Employed Occupation Designer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 620 Radcliff Street

City Shreveport State LA Zip Code 71104

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

Name of Employer Mid-City Pediatrics Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

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

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

\_\_\_\_\_ 2000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. William Cook**

Mailing Address 330 Sherwood Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Cook Orthodontics Occupation Orthodontist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mike Cooper**

Mailing Address 400 Texas Street Suite 400

City Shreveport State LA Zip Code 71106

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

Name of Employer Pettiette, Amand, Dunkleman Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Ellis O'Neal Cooper III**

Mailing Address 507 Northhampton Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Orthopedic Specialist Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly Cush**

Mailing Address 307 Deborah Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Beverly Cush**

Mailing Address 307 Deborah Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address Monrovia Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Cush's Grocery Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11AI.4216**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dwayne DeFatta**

Mailing Address 4017 Baltimore Avenue

City Shreveport State LA Zip Code 71106

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

Name of Employer Mid-South Holdings, LLC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**C. Bickham Dickson III**

Mailing Address P. O. Box 52479

City Shreveport State LA Zip Code 71106

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address P. O. Box 4

City Shreveport State LA Zip Code 71161

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

Name of Employer MeMy Office Products Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Steve Ferris**

Mailing Address P. O. Box 4

City State Zip Code  
Shreveport LA 71161

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

Name of Employer Occupation  
My Office Products, LLC Sales manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jarred Franklin**

Mailing Address 3001 Old Minden Road

City State Zip Code  
Bossier City LA 71112

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

Name of Employer Occupation  
Evans & Franklin Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3001 Old Minden Road

City State Zip Code  
Bossier City LA 71112

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

Name of Employer Occupation  
Evans & Franklin Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 12 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Grady Carlton Golden, Jr.**

Mailing Address 239 Lafitte Road

City State Zip Code  
Bossier City LA 71111

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

Name of Employer Occupation  
Builders Supply Company President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Chris Guidry**

Mailing Address P. O. Box 2506

City State Zip Code  
Reserve LA 70084

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

Name of Employer Occupation  
Guidry Associates LLC Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2016

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 327 Palmyra Park Road

City State Zip Code  
Doyline LA 71023

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

Name of Employer Occupation  
Harper Software, LLC President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 13 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Haynes**

Mailing Address 914 Oneonta Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Occupation  
Pierremont OBGYN Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**John Haynes**

Mailing Address 914 Oneonta Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Occupation  
Pierremont OBGYN Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4159**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 7217 Golbert Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Occupation  
Dermatology and Skin Surgery Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. William Haynie**

Mailing Address 403 1/2 E. Flournoy Lucas  
#2

City Shreveport State LA Zip Code 71115

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Walter James**

Mailing Address 553 Elmwood Street

City Shreveport State LA Zip Code 71104

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 776 Thora Blvd.

City Shreveport State LA Zip Code 71106

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

Name of Employer Self-Employed Occupation Landman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Leatherman**

Mailing Address 8355 E. Wilderness Way

City Shreveport State LA Zip Code 71106

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

Name of Employer Retired Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4258**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Colleen LeBlanc**

Mailing Address 831 Delaware Street

City Shreveport State LA Zip Code 71104

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 831 Delaware Street

City Shreveport State LA Zip Code 71104

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Matt Locke**

Mailing Address P. O. Box 5930

City Shreveport State LA Zip Code 71135

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

Name of Employer Locke Properties, Inc. Occupation Real Estate Developer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jake Majors**

Mailing Address 1863 Robson Road

City Shreveport State LA Zip Code 71166

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 1863 Robson Road

City Shreveport State LA Zip Code 71166

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Andrew Murphy**

Mailing Address 831 Monrovia Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Mansfield Dental Clinic Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David Pace**

Mailing Address 10270 Stonehenge Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Mid City Pediatrics Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4186**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 8518 Line Avenue Suite 101

City Shreveport State LA Zip Code 71106

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

Name of Employer L.A.P. Properties, LLC Occupation Accountant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : SA11AI.4150**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 18 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sharlot M. Ponthie**

Mailing Address 449 Overbrook Court

City Shreveport State LA Zip Code 71106

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alan B. Richards**

Mailing Address 112 Waters Edge

City Shreveport State LA Zip Code 71106

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

Name of Employer Richard's & Henrichsen Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 613 Dumbarton

City Shreveport State LA Zip Code 71106

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

Name of Employer East Ridge Country Club Occupation Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1000.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 49  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Craig Smith, Jr.**

Mailing Address 3646 Youree Drive

City State Zip Code  
Shreveport LA 71105

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

Name of Employer Occupation  
Smith & John Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 20 2016

**Transaction ID : SA11AI.4104**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Amelia St. Amant**

Mailing Address 831 Ontario Street

City State Zip Code  
Shreveport LA 71106

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

Name of Employer Occupation  
MST Consulting, LLC Office Worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 11 2016

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 831 Ontario Street

City State Zip Code  
Shreveport LA 71106

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

Name of Employer Occupation  
MST Consulting, LLC Office Worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 11 2016

**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Audry St. Amant**

Mailing Address 831 Ontario Street

City Shreveport State LA Zip Code 71106

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

Name of Employer MST Consulting, LLC Occupation Office Worker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11AI.4146**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Matthew St. Amant**

Mailing Address 831 Ontario Street

City Shreveport State LA Zip Code 71106

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

Name of Employer MST Consulting, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 831 Ontario Street

City Shreveport State LA Zip Code 71106

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

Name of Employer MST Consulting, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
2300.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 49  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

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

Mailing Address 831 Ontario Street

City Shreveport State LA Zip Code 71106

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

Name of Employer MST Consulting, LLC Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thad Thrash**

Mailing Address 1045 Erie Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Thrash Construction Services Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2016**

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 1805 Line Avenue

City Shreveport State LA Zip Code 71101

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

Name of Employer Michael Turney Agency Occupation Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2016**

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**3450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

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

Mailing Address 346 Waldmor Lane

City Shreveport State LA Zip Code 71106

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

Name of Employer Aillet Fenner Jolly McClelland Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kristy Waltman**

Mailing Address 3028 Nottingham Drive

City Shreveport State LA Zip Code 71115

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

Name of Employer Pierremont OBGYN Specialist Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 735 Hazelwood Drive

City Shreveport State LA Zip Code 71106

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

Name of Employer Highland Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Tamara White**

Mailing Address 823 Delaware Street

City Shreveport State LA Zip Code 71106

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Woolbert, DDS**

Mailing Address 3100 Woodlawn Avenue Suite C

City Shreveport State LA Zip Code 71104

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 10850 Belle Cour Way

City Shreveport State LA Zip Code 71106

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

Name of Employer Self-Employed Occupation Ophthalmology

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2016

**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2250.00

46100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4505</b>
City State Zip Code Shreveport LA 71105	Amount of Each Receipt this Period 1836.60	
FEC ID number of contributing federal political committee. C H6LA04096	Name of Employer Occupation Smith & John Attorney	<input type="checkbox"/> Memo Item In-kind - American Airlines Trip to DC
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2265.06	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4506</b>
City State Zip Code Shreveport LA 71105	Amount of Each Receipt this Period 428.46	
FEC ID number of contributing federal political committee. C H6LA04096	Name of Employer Occupation Smith & John Attorney	<input type="checkbox"/> Memo Item In-kind - Normandy Hotel in DC
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 428.46	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 18 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4508</b>
City State Zip Code Shreveport LA 71105	Amount of Each Receipt this Period 237.35	
FEC ID number of contributing federal political committee. C H6LA04096	Name of Employer Occupation Smith & John Attorney	<input type="checkbox"/> Memo Item In-kind - Royal Sonesta Hotel N. O.
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3502.41	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2502.41
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4130.87**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2016

**Transaction ID : SA11D.4509**

Amount of Each Receipt this Period  
 628.46

Memo Item  
 In-kind - Windsor Court Hotel N.O.

**B.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4275.87**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2016

**Transaction ID : SA11D.4507**

Amount of Each Receipt this Period  
 145.00

Memo Item  
 In-kind - American Airlines Luggage Fee

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

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4285.87**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2016

**Transaction ID : SA11D.4510**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 In-kind - Metro Pass in DC

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

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

783.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**4313.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2016**

**Transaction ID : SA11D.4511**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **27.56**

Memo Item  
 In-kind - Curb Washington Taxi in DC

**B.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**6189.02**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11D.4512**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **180.00**

Memo Item  
 In-kind - American Airlines Luggage Fee

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

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**6009.02**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 27 / 2016**

**Transaction ID : SA11D.4513**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1655.59**

Memo Item  
 In-kind - Hotel Washington in DC

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

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

\_\_\_\_\_ **1863.15**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4514</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 40.00
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4353.43	In-kind - Shreveport Airport Parking Fee

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4515</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 485.00
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6674.02	In-kind - Discount Mugs - Campaign Logo Cups

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4516</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 72.67
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6746.69	In-kind - Bergeron's - Food for Campaign Event

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6800.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11D.4529**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 54.30

Memo Item  
 In-kind - Mint Julep Paperie - Invitations for Fundraiser

**B.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6827.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2016

**Transaction ID : SA11D.4527**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 26.01

Memo Item  
 In-kind - Office Depot Office Max - Office Supplies

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

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6873.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2016

**Transaction ID : SA11D.4526**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 46.64

Memo Item  
 In-kind - Office Depot Office Max - Office Supplies

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

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

\_\_\_\_\_ 126.95

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 26 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4525</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 109.66
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Maxwells Market - Food for Campaign Event	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6983.30		

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4517</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 228.41
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Deluxe for Business Campaign Checks	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7211.71		

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4528</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 27.13
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Academy Sports - Campaign Shirts	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7238.84		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	365.20
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4518</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 74.51
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Academy Sports - Campaign Shirts	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7527.70		

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4519</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 214.35
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Sears - Campaign Shirts	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7453.19		

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 12 / 2016	
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4520</b>	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 34.11
FEC ID number of contributing federal political committee. C H6LA04096		<input type="checkbox"/> Memo Item In-kind - Bergeron's - Food for Campaign Event	
Name of Employer Smith & John	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7561.81		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.97
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4521</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 104.26
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7666.07	In-kind - Initialize It - Campaign Shirts

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4523</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 115.02
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7781.09	In-kind - Office Depot Office Max - Printer Ink

Full Name (Last, First, Middle Initial) <b>Rick John</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2016
Mailing Address 3646 Youree Drive		<b>Transaction ID : SA11D.4522</b>
City Shreveport	State Zip Code LA 71105	
FEC ID number of contributing federal political committee. C H6LA04096		Amount of Each Receipt this Period 240.93
Name of Employer Smith & John	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8022.02	In-kind - Office Depot Office Max - Paper/Stationary

<b>SUBTOTAL</b> of Receipts This Page (optional).....	460.21
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C** H6LA04096

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8822.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11D.4524**

Amount of Each Receipt this Period  
 800.48

Memo Item  
 In-kind - Print Place - Letterhead/Pushcards/Envelopes

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

800.48

7822.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3265.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016

**Transaction ID : SA13A.4288**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Rick John**

Mailing Address 3646 Youree Drive

City Shreveport State LA Zip Code 71105

FEC ID number of contributing federal political committee. **C H6LA04096**

Name of Employer Smith & John Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
18822.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA13A.4289**

Amount of Each Receipt this Period  
10000.00

Memo Item

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

11000.00

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20d				

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)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Boyett Printing &amp; Graphics, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016		
Mailing Address 113 East Kings Hwy.			Amount of Each Disbursement this Period 410.07		
City Shreveport	State LA	Zip Code 71104	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Banner		Category/ Type 006			
Candidate Name			Transaction ID : <b>SB17.4226</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Boyett Printing &amp; Graphics, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016		
Mailing Address 113 East Kings Hwy.			Amount of Each Disbursement this Period 290.51		
City Shreveport	State LA	Zip Code 71104	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Handcards		Category/ Type 006			
Candidate Name			Transaction ID : <b>SB17.4238</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Boyett Printing &amp; Graphics, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 113 East Kings Hwy.			Amount of Each Disbursement this Period 290.51		
City Shreveport	State LA	Zip Code 71104	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Handcards		Category/ Type 006			
Candidate Name			Transaction ID : <b>SB17.4237</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	991.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brucia Uptown LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 4800A Line Avenue			Amount of Each Disbursement this Period 554.38	
City Shreveport	State LA	Zip Code 71106	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraiser		Category/ Type 003	Transaction ID : <b>SB17.4245</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Buisson Creative</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016	
Mailing Address 3330 N. Causeway Blvd. Suite 318			Amount of Each Disbursement this Period 2500.00	
City Metairie	State LA	Zip Code 70002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consulting		Category/ Type 001	Transaction ID : <b>SB17.4228</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Buisson Creative</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address 3330 N. Causeway Blvd. Suite 318			Amount of Each Disbursement this Period 500.00	
City Metairie	State LA	Zip Code 70002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Website Design & Layout		Category/ Type 001	Transaction ID : <b>SB17.4240</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3554.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Buisson Creative</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 3330 N. Causeway Blvd. Suite 318			Amount of Each Disbursement this Period 349.00		
City Metairie	State LA	Zip Code 70002	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Website Update		Category/ Type 001	<b>Transaction ID : SB17.4243</b>		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Buisson Creative</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016		
Mailing Address 3330 N. Causeway Blvd. Suite 318			Amount of Each Disbursement this Period 500.00		
City Metairie	State LA	Zip Code 70002	<input type="checkbox"/> Memo Item		
Purpose of Disbursement Consulting		Category/ Type 001	<b>Transaction ID : SB17.4244</b>		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Rick John</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016		
Mailing Address 3646 Youree Drive			Amount of Each Disbursement this Period 428.46		
City Shreveport	State LA	Zip Code 71105	<input type="checkbox"/> Memo Item		
Purpose of Disbursement In-kind - Normandy Hotel in DC		Category/ Type	<b>Transaction ID : SB17.4553</b>		
Candidate Name					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: LA	District: 04				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1277.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 1836.60
City Shreveport	State LA	
Zip Code 71105	Purpose of Disbursement In-kind - American Airlines Trip to DC	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4554</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 237.35
City Shreveport	State LA	
Zip Code 71105	Purpose of Disbursement In-kind - Royal Sonesta Hotel N. O.	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4551</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 628.46
City Shreveport	State LA	
Zip Code 71105	Purpose of Disbursement In-kind - Windsor Court Hotel N.O.	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.4550</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: LA	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2702.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 145.00
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - American Airlines Luggage Fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4552</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 10.00
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Metro Pass in DC		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4549</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 27.56
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Curb Washington Taxi in DC		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4548</b>
State: LA District: 04	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 40.00
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Shreveport Airport Parking Fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4545</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 1655.59
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Hotel Washington in DC		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4546</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 180.00
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - American Airlines Luggage Fee		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4547</b>
State: LA District: 04	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1875.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 485.00
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Discount Mugs - Campaign Logo Cups	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4544</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 72.67
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Bergeron's - Food for Campaign Event	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4543</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 54.30
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Mint Julep Paperie - Invitations for Fundraiser	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4530</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	611.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 26.01
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Office Depot Office Max - Office Supplies		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4532</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 46.64
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Office Depot Office Max - Office Supplies		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4533</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 109.66
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Maxwells Market - Food for Campaign Event		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4534</b>
State: LA District: 04	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 228.41
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Deluxe for Business Campaign Checks	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4542</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 27.13
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Academy Sports - Campaign Shirts	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4531</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 214.35
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Sears - Campaign Shirts	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>SB17.4540</b>
State: LA District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	469.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 74.51
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Academy Sports - Campaign Shirts		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4541</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 34.11
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Bergeron's - Food for Campaign Event		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4539</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 104.26
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Initialize It - Campaign Shirts		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4538</b>
State: LA District: 04	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Rick John</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 115.02
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Office Depot Office Max - Printer Ink		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4536</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Rick John</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 240.93
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Office Depot Office Max - Paper/Stationary		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4537</b>
State: LA District: 04	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Rick John</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2016
Mailing Address 3646 Youree Drive		Amount of Each Disbursement this Period 800.48
City Shreveport	State LA Zip Code 71105	
Purpose of Disbursement In-kind - Print Place - Letterhead/Pushcards/Envelopes		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4535</b>
State: LA District: 04	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1156.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Melissa Stephens Photography</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 3552 Youree Drive		Amount of Each Disbursement this Period 350.00
City Shreveport	State LA	
Zip Code 71105	Purpose of Disbursement Pictures for Handcards	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : SB17.4280</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mint Julep Paperie</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 4826A Line Avenue		Amount of Each Disbursement this Period 1468.27
City Shreveport	State LA	
Zip Code 71106	Purpose of Disbursement Invitations and Envelopes w/Return Addresses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	<b>Transaction ID : SB17.4232</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mint Julep Paperie</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 4826A Line Avenue		Amount of Each Disbursement this Period 431.58
City Shreveport	State LA	
Zip Code 71106	Purpose of Disbursement Invitations	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	<b>Transaction ID : SB17.4236</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2249.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Running Dog Sportswear</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2016
Mailing Address 1618 Marshall Street Suite C		Amount of Each Disbursement this Period 543.00
City Shreveport	State LA Zip Code 71118	
Purpose of Disbursement Campaign T-Shirts	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.4230</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Running Dog Sportswear</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2016
Mailing Address 1618 Marshall Street Suite C		Amount of Each Disbursement this Period 2553.19
City Shreveport	State LA Zip Code 71118	
Purpose of Disbursement Signs	Category/Type 006	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.4239</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. U. S. Post Office</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address Centenary Station		Amount of Each Disbursement this Period 367.50
City Shreveport	State LA Zip Code 71104	
Purpose of Disbursement Stamps	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.4279</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3463.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**RICK JOHN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U. S. Post Office</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address Centenary Station		Amount of Each Disbursement this Period 245.00 <input type="checkbox"/> Memo Item
City Shreveport	State LA Zip Code 71104	
Purpose of Disbursement Stamps	Category/Type 003	<b>Transaction ID : SB17.4234</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.00
<b>TOTAL</b> This Period (last page this line number only).....	19175.51

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **RICK JOHN FOR CONGRESS** Transaction ID : **SC/10.4288**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Rick John** Election: 2016  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3646 Youree Drive

City State ZIP Code  
Shreveport LA 71105

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 01 / D 13 / Y 2016  
Date Due: M / D / Y None  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **RICK JOHN FOR CONGRESS** Transaction ID : **SC/10.4289**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>PERSONAL FUNDS</b> <input type="checkbox"/> Memo Item <b>Rick John</b>	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3646 Youree Drive	

City	State	ZIP Code
Shreveport	LA	71105

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2016	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	11000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		