

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

REDEMPTION PAC

ADDRESS (number and street) 228 S WASHINGTON STREET
SUITE 115
 Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00652305

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Satterfield, David, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Satterfield, David, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REDEMPTION PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14000.00"/>	<input type="text" value="14000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14000.00"/>	<input type="text" value="14000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9235.74"/>	<input type="text" value="9235.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4764.26"/>	<input type="text" value="4764.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REDEMPTION PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11800.00	11800.00
(ii) Unitemized	2200.00	2200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14000.00	14000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14000.00	14000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14000.00	14000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14000.00	14000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	9235.74	9235.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9235.74	9235.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9235.74	9235.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9235.74	9235.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14000.00	14000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14000.00	14000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9235.74	9235.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9235.74	9235.74

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
REDEMPTION PAC

A. Ahrens, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Thornhill Cir.
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ahrens Investment Partners Occupation (for Individual) Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.4122
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Ahrens, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Thornhill Cir.
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.4120
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Bourgeois, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1688
 City Morgan City State LA Zip Code 70381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bourgeois Law LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.4154
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bourgeois, Ruth, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2017
Mailing Address P.O. Box 1688		Transaction ID : SA11AI.4156
City Morgan City	State LA	Zip Code 70381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Broussard, Nathan, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2017
Mailing Address 114 Donovan Dr.		Transaction ID : SA11AI.4164
City Scott	State LA	Zip Code 70583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) State of LA	Occupation (for Individual) Attorney General's Office	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cox, Brad, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2017
Mailing Address 4514 Cole Ave. Suite 1175		Transaction ID : SA11AI.4118
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) Cox Oil	Occupation (for Individual) Chairman	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Deladoussaye, Lauren, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2017
Mailing Address 602 W. Broussard		Transaction ID : SA11AI.4176
City Broussard	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Hairstylist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Delahoussaye, Jeff, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2017
Mailing Address 119 Reservoir Rd.		Transaction ID : SA11AI.4174
City Broussard	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Keystone Chemical, LLC	Occupation (for Individual) Business Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dooley, Thomas, , ,		Date of Receipt MM / DD / YYYY 11 / 14 / 2017
Mailing Address 113 Colchester Dr.		Transaction ID : SA11AI.4178
City Broussard	State LA	Zip Code 70518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) Keystone Chemical LLC	Occupation (for Individual) Sales	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Feldman, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Farnham Park Dr.
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not In Workforce Occupation (for Individual) Not In Workforce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.4170
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Fontenot, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Sunset Park Lane
 City Sugarland State TX Zip Code 77479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.4124
 Amount of Each Receipt this Period
 600.00
 Memo Item

C. Garcia, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2590 Nicky Ln.
 City Alexandria State VA Zip Code 22311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Studio Body Logic Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.4138
 Amount of Each Receipt this Period
 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. LeBlanc, Keri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 Loreauville Rd.
 City New Iberia State LA Zip Code 70563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2017
Transaction ID : SA11AI.4126
 Amount of Each Receipt this Period
 800.00
 Memo Item

B. LeBlanc, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4317 Loreauville Rd.
 City New Iberia State LA Zip Code 70563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Service Tool, Inc. Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2017
Transaction ID : SA11AI.4128
 Amount of Each Receipt this Period
 800.00
 Memo Item

C. Litel, Trey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3821 Yorkshire Dr.
 City Lake Charles State LA Zip Code 70605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Spirits LLC Occupation (for Individual) Bayou Rum President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.4162
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Miguez, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Hwy. 90 W.
 City New Iberia State LA Zip Code 70560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miguez Fuel Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.4172
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Musso, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Richland
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017
Transaction ID : SA11AI.4168
 Amount of Each Receipt this Period
 800.00
 Memo Item

C. Norris, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Terrell Court
 City New Iberia State LA Zip Code 70563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Self-Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.4160
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Orette, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 14027
 City Baton Rouge State LA Zip Code 70898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Real Estate Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI.4158
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Talley, Pat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1051 Clover Hill Rd.
 City St. Martinville State LA Zip Code 70518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Le Talley Ho, LLC Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 14 / 2017
Transaction ID : SA11AI.4180
 Amount of Each Receipt this Period 400.00
 Memo Item

C. V & V Holdings, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Laser Ln.
 City Lafayette State LA Zip Code 70507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 16 / 2017
Transaction ID : SA11AI.4136
 Amount of Each Receipt this Period 400.00
 Memo Item
 Underlying Donors Below Itemization Threshold

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	11800.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4099 Amount of Each Disbursement this Period [REDACTED] 267.00	
City Baton Rouge	State LA	Zip Code 70884	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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. Anedot		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017	
Mailing Address P.O. Box 84314		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4101 Amount of Each Disbursement this Period [REDACTED] 203.60	
City Baton Rouge	State LA	Zip Code 70884	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
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) C. Chase Card Services		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address P.O. Box 1423		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4102 Amount of Each Disbursement this Period [REDACTED] 3000.00	
City Charlotte	State NC	Zip Code 28201	Category/ Type [REDACTED]
Purpose of Disbursement Credit Card Payment: See Itemization Below			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3470.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

A. Hilton Washington

Full Name (Last, First, Middle Initial)

Mailing Address 1919 Connecticut Ave.

City Washington State DC Zip Code 20009

Purpose of Disbursement Event Rental Deposit

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4102.4

Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Chase Card Services

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1423

City Charlotte State NC Zip Code 28201

Purpose of Disbursement Credit Card Payment: Itemization Not Required

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4104

Amount of Each Disbursement this Period: 29.95

Memo Item

C. Eagle Credit Card

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 790408

City St. Louis State MO Zip Code 63179

Purpose of Disbursement Credit Card Payment: See Itemization Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.4111

Amount of Each Disbursement this Period: 2044.59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2074.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Hilton Washington			Date of Disbursement MM / DD / YYYY 11 / 03 / 2017	
Mailing Address 1919 Connecticut Ave.				
City Washington	State DC	Zip Code 20009	FEC Identification Number C	
Purpose of Disbursement Event Rental Deposit			Transaction ID : SB21B.4111.f	
Candidate Name			Amount of Each Disbursement this Period 2044.59	
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) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. Edwards, Laura Ann, , ,			Date of Disbursement MM / DD / YYYY 11 / 01 / 2017	
Mailing Address 124 Acacia Dr.				
City Lafayette	State LA	Zip Code 70508	FEC Identification Number C	
Purpose of Disbursement Event Management			Transaction ID : SB21B.4107	
Candidate Name			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Edwards, Laura Ann, , ,			Date of Disbursement MM / DD / YYYY 12 / 12 / 2017	
Mailing Address 124 Acacia Dr.				
City Lafayette	State LA	Zip Code 70508	FEC Identification Number C	
Purpose of Disbursement Event Management/ Expense Reimbursement			Transaction ID : SB21B.4113	
Candidate Name			Amount of Each Disbursement this Period 1540.60	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2540.60
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REDEMPTION PAC

Full Name (Last, First, Middle Initial) A. Delta Airline			Date of Disbursement MM / DD / YYYY 12 / 12 / 2017	
Mailing Address 1030 Delta Boulevard			FEC Identification Number C [REDACTED]	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SB21B.4113.1	
Purpose of Disbursement Air Fare		Category/ Type	Amount of Each Disbursement this Period 540.60	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. Huckaby Davis Lisker			Date of Disbursement MM / DD / YYYY 10 / 24 / 2017	
Mailing Address 228 S. Washington St. #115			FEC Identification Number C [REDACTED]	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB21B.4105	
Purpose of Disbursement FEC Compliance and Accounting		Category/ Type	Amount of Each Disbursement this Period 400.00	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. Mystic Krewe of Louisianans			Date of Disbursement MM / DD / YYYY 11 / 01 / 2017	
Mailing Address P.O. Box 80518			FEC Identification Number C [REDACTED]	
City Baton Rouge	State LA	Zip Code 70898	Transaction ID : SB21B.4109	
Purpose of Disbursement Fundrasing Expense		Category/ Type	Amount of Each Disbursement this Period 750.00	
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	9235.74