

# 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**  
Gulf Coast Bank & Trust WAVE PAC

ADDRESS (number and street) 201 N CARROLLTON AVE  
Check if different than previously reported. (ACC) NEW ORLEANS LA 70119

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00496588 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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 / 08 / 2022 in the State of LA  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on / / in the State of

5. Covering Period 10 / 01 / 2022 through 10 / 19 / 2022

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

Signature of Treasurer LITTLEFIELD, GARY, , , [Electronically Filed] Date 10 / 26 / 2022

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Gulf Coast Bank & Trust WAVE 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="2022"/>		<input type="text" value="7277.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19816.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="700.50"/>	<input type="text" value="16939.33"/>
(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="20516.66"/>	<input type="text" value="24216.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="11700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12516.66"/>	<input type="text" value="12516.66"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Gulf Coast Bank & Trust WAVE PAC**

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

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).....	592.50	7850.00
(ii) Unitemized .....	108.00	9065.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	700.50	16915.50
(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) .....	700.50	16915.50
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	23.83
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)).....▶	700.50	16939.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	700.50	16939.33

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	11700.00
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)) ..	8000.00	11700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	11700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	700.50	16915.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	700.50	16915.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. AROCHA, ROXANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 LONGWOOD DRIVE  
 City MARRERO State LA Zip Code 70072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BRANCH MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14244**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. BENEFIELD, THOMAS RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73507 PLANTATION STREET  
 City COVINGTON State LA Zip Code 70435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14245**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. BOGGS, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15197 AMANDA DRIVE  
 City GONZALES State LA Zip Code 70737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14246**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 7 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. BORDELON, HART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 UNIVERSITY DRIVE  
 City HAMMOND State LA Zip Code 70401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MARKET PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14247**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. CARTER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 MADERA CT.  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14248**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. CARVER, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 CARRIAGE LANE  
 City MANDEVILLE State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) HR DIRECTOR/VP GOV. RELATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14263**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DASTE, JOEL, , , Sr.**

Mailing Address 5 HERON LANE

City MANDEVILLE	State LA	Zip Code 70471
--------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) DIVISION PRESIDENT
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14265**

Amount of Each Receipt this Period  
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DELGADO, IVETTE, , ,**

Mailing Address 3521 JUDY DRIVE

City MEREAX	State LA	Zip Code 70075
----------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MTG LOAN ORIGINATOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14249**

Amount of Each Receipt this Period  
10.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. DICKEY, STEPHEN, , ,**

Mailing Address 203 FOREST OAKS DR.

City NEW ORLEANS	State LA	Zip Code 70131
---------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) CONSUMER BANKING EXECUTIVE
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
735.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14274**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. FALKENSTEIN, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 BEECHWOOD GARDENS DRIVE  
 City COVINGTON State LA Zip Code 70435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) EXEC VP COMMERCIAL LENDING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14266**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. FAMULARO, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 822 N. TURNBULL DR.  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14250**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. FERNANDEZ, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 LILLYBANK DRIVE  
 City BELLE CHASSE State LA Zip Code 70037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14267**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 50.00  
**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 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. FINN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 LEIGHTON STREET  
 City GRETNA State LA Zip Code 70053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) SENIOR CREDIT OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14271**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. GUIDRY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 471 TOPAZ STREET  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) SALES DEVELOPMENT OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14262**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. HERRMANN, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 FOREST RIDGE BLVD  
 City PEARL RIVER State LA Zip Code 70452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) OPERATIONS MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14252**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. HLADKY, WADE MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1519 ARISTOCRAT DRIVE  
 City COVINGTON State LA Zip Code 70433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BC PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14268**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. HOLLIER, GREGORY, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2112 METAIRIE COURT  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14269**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. JONES, MILLICENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 GRAND CAYON DRIVE  
 City NEW ORLEANS State LA Zip Code 70131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) DR OF LEGAL REVIEW  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14272**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. KYLE, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 MAGNOLIA LANE  
 City SLIDELL State LA Zip Code 70461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MRK MGR/COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14253**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. LATERRADE, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 SPANISH MOSS CT  
 City MANDEVILLE State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14254**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. LIGGANS, ALFRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 131 E GREENBRIER DRIVE  
 City NEW ORLEANS State LA Zip Code 70128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) TRUST MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14255**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. LITTLEFIELD, GARY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1165 MELANIE STREET

City Baton Rouge	State LA	Zip Code 70806
---------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) REGIONAL COORDINATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14275**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. MANDULA, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1355 BRIGHTWATERS BLVD., NE

City ST. PETERSBURG	State FL	Zip Code 33704
------------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) CHIEF MARKETING DIRECTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14276**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. NICHOLS, LOUANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2940 PENWOOD DRIVE

City GRETNA	State LA	Zip Code 70056
----------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) CALL CENTER SUPERVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14256**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. OGG, THOMAS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6044 CAMP STREET

City NEW ORLEANS	State LA	Zip Code 70118
---------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) MRK MGR/COMMERCIAL LENDER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14257**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. PARKER, ROBERT, , , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 BARRETT DR.

City LULING	State LA	Zip Code 70070
----------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) FINANCIAL ADVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14258**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. SIMONS, SLADE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7615 JEANETTE STREET

City NEW ORLEANS	State LA	Zip Code 70118
---------------------	-------------	-------------------

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

Name of Employer (for Individual) GULF COAST BANK & TRUST	Occupation (for Individual) EXEC VP WEALTH MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2022

**Transaction ID : SA11AI.14270**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. SPENCER, MICKEY TAYLOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 BATH STREET  
 City METAIRIE State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14259**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. TALAMO, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4726 DOWNING DRIVE  
 City BATON ROUGE State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14260**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. UZEE, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5053 CRAIG AVENUE  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) MTG LOAN ORIGINATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14264**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00  
**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 16 OF 19
	(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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. VAN HOVEN, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6168 CORBERT ST.  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) COMMERCIAL LENDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14273**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. WILLIAMS, GUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 SWALLOW ST  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) PRESIDENT/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14277**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. WRBA, STUART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1622  
 City CUMMINGS State GA Zip Code 30028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULF COAST BANK & TRUST Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 14 / 2022  
**Transaction ID : SA11AI.14261**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	592.50



**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

Full Name (Last, First, Middle Initial)

**A. BLAKE MASTERS FOR SENATE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2022			

Mailing Address PO BOX 13009

FEC Identification Number

**C** C00784165

**Transaction ID : SB23.14295**

Amount of Each Disbursement this Period

1000.00

Memo Item

City TUCSON State AZ Zip Code 85732

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**MASTERS, BLAKE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: AZ District: 00

Full Name (Last, First, Middle Initial)

**B. DOCTOR OZ FOR SENATE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2022			

Mailing Address PO BOX 576

FEC Identification Number

**C** C00795930

**Transaction ID : SB23.14285**

Amount of Each Disbursement this Period

1000.00

Memo Item

City HUNTINGDON VALLEY State PA Zip Code 19006

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**OZ, MEHMET DR, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: PA District: 00

Full Name (Last, First, Middle Initial)

**C. JD VANCE FOR SENATE INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2022			

Mailing Address PO BOX 6564

FEC Identification Number

**C** C00783142

**Transaction ID : SB23.14281**

Amount of Each Disbursement this Period

1000.00

Memo Item

City CINCINNATI State OH Zip Code 45206

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**VANCE, J D, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: OH District: 00

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

Full Name (Last, First, Middle Initial) <b>A. LAXALT FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022
Mailing Address PO BOX 751102		FEC Identification Number C C00787135 <b>Transaction ID : SB23.14289</b>
City LAS VEGAS	State NV	Zip Code 89136
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>LAXALT, ADAM, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MARCO RUBIO FOR SENATE 2016</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022
Mailing Address PO BOX 661537		FEC Identification Number C C00620518 <b>Transaction ID : SB23.14291</b>
City MIAMI	State FL	Zip Code 33266
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>RUBIO, MARCO, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. RON JOHNSON FOR SENATE INC</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2022
Mailing Address 219 E WASHINGTON AVE SUITE 101		FEC Identification Number C C00482984 <b>Transaction ID : SB23.14290</b>
City OSHKOSH	State WI	Zip Code 54901
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>JOHNSON, RONALD HAROLD, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	<input type="checkbox"/> Memo Item

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

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

3000.00

# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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)  
**Gulf Coast Bank & Trust WAVE PAC**

**A. TED BUDD FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 97127

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Campaign Contribution

Candidate Name BUDD, THEODORE P, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NC District: 00

Date of Disbursement: 10 / 19 / 2022

FEC Identification Number: C00614776  
Transaction ID : SB23.14298  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. YVETTE4CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 10TH ST # 404

City ALAMOGORDO State NM Zip Code 88310

Purpose of Disbursement Campaign Contribution

Candidate Name HERRELL, STELLA YVETTE, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NM District: 02

Date of Disbursement: 10 / 19 / 2022

FEC Identification Number: C00655571  
Transaction ID : SB23.14304  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8000.00