

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Louisiana Reform PAC

ADDRESS (number and street) PO Box 1542 Shreveport LA 71165-1542

2. FEC IDENTIFICATION NUMBER C00409631 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Convention, Special, Runoff. (d) 30-Day Post-Election Report for the: General, Runoff, Special.

5. Covering Period 04 01 2010 through 06 30 2010

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 John Schmidt

Signature of Treasurer Electronically Filed by John Schmidt Date 07 15 2010

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

Table with 7 columns and 1 row. The first column is labeled 'Office Use Only'. The rest of the cells are empty.

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		9605.73
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	7939.26									
(c) Total Receipts (from Line 19)	12463.00	49845.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20402.26	59451.33								
7. Total Disbursements (from Line 31)	14776.03	53825.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5626.23	5626.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Louisiana Reform PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	7300.00	11400.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7300.00	11400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12300.00	47400.00
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.)	163.00	2445.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12463.00	49845.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12463.00	49845.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12276.03	36325.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12276.03	36325.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14776.03	53825.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14776.03	53825.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12300.00	47400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12300.00	47400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12276.03	36325.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12276.03	36325.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15
	(check only one)
<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"/>	<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)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial) Clay Plaisance		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address 113 Representative Row		Transaction ID: SA11AI-473-855-c
City Lafayette	State LA	Zip Code 70508-3833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4800.00
Name of Employer Healthcare Resources	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

B.

Full Name (Last, First, Middle Initial) Thomas Chance		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address 303 Mill Valley Run		Transaction ID: SA11AI-371-862-c
City Lafayette	State LA	Zip Code 70508-7049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer C & C Technologies, Inc.	Occupation President	PAC Contributions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	7300.00
TOTAL This Period (last page this line number only)	7300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) American College of Radiology Association PAC (RADPAC)	Date of Receipt
	Mailing Address 505 9th Street NW Suite 910	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City State Zip Code Washington DC 20004-2173	Transaction ID: SA11C-474-857-c
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00343459"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation	Contribution
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

<p>A. Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly Maintenance Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-845-e Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 403.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Courtney Guastella</p> <p>Mailing Address 7449 Garfield Street</p> <p>City New Orleans State LA Zip Code 70118-3636</p> <p>Purpose of Disbursement Monthly retainer-no candidate benefitted Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-103-842-e Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Monica Schmidt</p> <p>Mailing Address 10010 Winding Ridge Drive</p> <p>City Shreveport State LA Zip Code 71106-7684</p> <p>Purpose of Disbursement Monthly admin Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-165-843-e Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1653.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

<p>A. Full Name (Last, First, Middle Initial) CompleteCampaigns.com</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Monthly Software Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-164-850-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="403.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Courtney Guastella</p> <p>Mailing Address 7449 Garfield Street</p> <p>City New Orleans State LA Zip Code 70118-3636</p> <p>Purpose of Disbursement Monthly retainer-no candidated benefitted</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-103-851-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>C. Full Name (Last, First, Middle Initial) Monica Schmidt</p> <p>Mailing Address 10010 Winding Ridge Drive</p> <p>City Shreveport State LA Zip Code 71106-7684</p> <p>Purpose of Disbursement Monthly admin</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-165-852-e</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement Monthly admin Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-165-853-e Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Credit card fee-no candidate benefitted Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-164-856-e Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 240.00
C.	Full Name (Last, First, Middle Initial) CompleteCampaigns.com <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Monthly software maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-164-860-e Date of Disbursement 06 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 403.00

SUBTOTAL of Disbursements This Page (optional) ▶

893.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A. Full Name (Last, First, Middle Initial) Courtney Guastella <hr/> Mailing Address 7449 Garfield Street <hr/> City New Orleans State LA Zip Code 70118-3636 <hr/> Purpose of Disbursement June retainer-no candidate benefitted Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-103-858-e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Monica Schmidt <hr/> Mailing Address 10010 Winding Ridge Drive <hr/> City Shreveport State LA Zip Code 71106-7684 <hr/> Purpose of Disbursement June admin Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-165-859-e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US Airways, Inc. <hr/> Mailing Address 111 W Rio Salado Parkway <hr/> City Tempe State AZ Zip Code 85281-2880 <hr/> Purpose of Disbursement Travel: MSY to DCA-Wendy Vitter Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-167-863-e Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 920.40
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2170.40

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) US Airways, Inc.	Transaction ID: SB21B-167-864-e Date of Disbursement
	Mailing Address 111 W Rio Salado Parkway	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Tempe State AZ Zip Code 85281-2880	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to DCA-Sophie Vitter Candidate Name	<input type="text" value="920.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways, Inc.	Transaction ID: SB21B-167-865-e Date of Disbursement
	Mailing Address 111 W Rio Salado Parkway	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Tempe State AZ Zip Code 85281-2880	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to DCA-Jack Vitter Candidate Name	<input type="text" value="900.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Airways, Inc.	Transaction ID: SB21B-167-866-e Date of Disbursement
	Mailing Address 111 W Rio Salado Parkway	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Tempe State AZ Zip Code 85281-2880	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to DCA-Lise Vitter Candidate Name	<input type="text" value="900.40"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2721.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.	Full Name (Last, First, Middle Initial) US Airways, Inc.	Transaction ID: SB21B-167-867-e Date of Disbursement
	Mailing Address 111 W Rio Salado Parkway	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City State Zip Code Tempe AZ 85281-2880	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to DCA-Airey Vitter	<input type="text" value="900.40"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways, Inc.	Transaction ID: SB21B-167-868-e Date of Disbursement
	Mailing Address 111 W Rio Salado Parkway	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City State Zip Code Tempe AZ 85281-2880	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to DCA-David Vitter	<input type="text" value="658.70"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B-191-870-e Date of Disbursement
	Mailing Address PO Box 20706	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City State Zip Code Atlanta GA 30320-6001	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel: MSY to Newport News-David Vitter	<input type="text" value="850.40"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2409.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Williamsburg Lodge

Mailing Address PO Box 1776

City State Zip Code
Williamsburg VA 23187-1776

Purpose of Disbursement
Travel: Hotel while in Williamsburg

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-475-872-e
Date of Disbursement

06 / 13 / 2010

Amount of Each Disbursement this Period

592.15

SUBTOTAL of Disbursements This Page (optional) ▶

592.15

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

11842.25

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

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

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NAME OF COMMITTEE (In Full)
Louisiana Reform PAC

A.

Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City State Zip Code
Des Moines IA 50304-1000

Purpose of Disbursement
Political Contribution: PAC Contribution

Candidate Name
Charles E Grassley

Office Sought: House
 Senate
 President

State: IA District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23-454-875-e
Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00