REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Republican Party of Louisiana (Victory 92)

ADDRESS (number and street) ☐ Check if different than previously reported
650 N. 6th Street

CITY, STATE and ZIP CODE
Baton Rouge, LA 70802

AUG 3 12 19 PM '93

2. FEC IDENTIFICATION NUMBER
C00187450

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 1/1/93 through 6/30/93		
6. (a)	Cash on Hand January 1, 19 93		$ 11,664.78
(b)	Cash on Hand at Beginning of Reporting Period	$ 11,664.78	
(c)	Total Receipts (from Line 19)	$ 5,576.66	$ 5,576.66
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17,241.44	$ 17,241.44
7.	Total Disbursements (from Line 30)	$ 3935.79	$ 3935.79
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13305.65	$ 13,305.65
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 4358.47	

For further information contact:
Federal Election Commission
999 E Street NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer | Date

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

FEC FORM 3X
(revised 1/1/91)

7 3 0 3 8 5 3 4 9 3 7

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Republican Party of Louisiana (Victory 92)

REPORT COVERING PERIOD FROM 1/1/93 TO: 6/30/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	200	200
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	200	200
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	200	200
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	2376.66	2376.66
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	500.00	500.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5576.66	5576.66
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5076.66	5076.66
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	3935.79	3935.79
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3935.79	3935.79
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3935.79	3935.79
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3935.79	3935.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	200.00	200.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	200.00	200.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3935.79	3935.79
36. Offsets to Operating Expenditures (from line 15)	2376.66	2376.66
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1559.13	1559.13

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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)
Republican Party of Louisiana (Victory 92)

A. Full Name, Mailing Address and ZIP Code Robert J Kite 112 Elmer Neely Dr. De Ridder, LA 70634 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Unknown Occupation Unknown Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 1/6/93	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	200.00

9 3 0 3 8 5 3 4 9 3 9

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full): Republican Party of Louisiana (Victory 92)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AT+T P.O. Box 105501 Atlanta, GA 30348-5501	Refund	1/25/93	5.33
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 5.33		
B. South Central Bell P.O. Box 60050 New Orleans, LA 70166-0001	Refund	1/11/93 1/25/93 2/16/93 2/16/93	1068.71 129.00 229.00 107.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1533.71		
C. South Central Bell (same)	Refund	2/16/93 2/16/93 2/22/93	97.00 94.00 121.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 1845.71		
D. South Central Bell (same)	Refund	3/04/93	471.49
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 2317.20		
E. CCE - South Shreveport Sales Center P.O. Box 2008 Dallas, TX 75221	Refund Beverage Empties returns	1/6/93	59.46
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $ 59.46		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) . . . . . > 2376.66

93038554740

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21B

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): Republican Party of Louisiana (Victory 92)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Southwest Electric Power Company, 428 Travis St., Shreveport, LA 71	Utility Bill — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/4/93	34.99
B. Rental Gallery, 538 MacArthur Dr., Alexandria, LA 71303	Equipment Rental for Victory 92 Rally — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/4/93	63.20
C. South Central Bell, P.O. Box 60050, New Orleans, LA 70166-0001	Telephone Bill — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/11/93	13.39
D. Holiday Inn - Hammond, 2000 S. Morrison Blvd., Hammond, LA 70403	Bill for Recepition — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/11/93	334.80
E. Bill Henry, P.O. Box 399, Lake Charles 70602	Reimbursement - Signs — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/11/93	1144.88
F. John Treen, 112 Charleston Pkwy, Metairie, LA 70005	Reimbursement - for Stakes — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/19/93	89.10
G. Sprint, P.O. Box 569740, Dallas, TX 75356-9740	Utility Bill — Watts line — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/93	230.71
H. Sprint (Same)	L/D phone-balance of Charges — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/25/93	358.76
I. [redacted] Sprint (Same)	Watts line - final Charges — Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/16/93	5.72

SUBTOTAL of Disbursements This Page (optional) 2280.55

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21B

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): Republican Party of Louisiana (Victory 92)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Goodwill Industries of S.W. LA. 1000 S. Jefferson Hwy Pkwy Jefferson, LA 70123	Sign Stakes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/28/93	95.00
B. Sheraton Hotel - New Orleans P.O. Box 62062 New Orleans, LA 70162	Luncheon Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/28/93	901.74
C. David C. Treen 755 Magazine New Orleans, LA 70130	Meals, travel reimbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/93	351.87
D. Copy One, Mail One 5300 Tchoupitoulas St. New Orleans, LA 70115	Copy expenses owed. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/22/93	250.00
E. Capital City Press P.O. Box 588 Baton Rouge, LA 70821-0588	Amount due for Newspaper Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/23/93	9.34
F. [redacted] Deutch, Kerrigan & Stiles 755 Magazine St. New Orleans, LA 70130	Victory 92 Expenses Postage, phone, copies Disbursement for ☐ Primary ☐ General ☐ Other (specify)	3/22/93	47.29
G.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Disbursement for ☐ Primary ☐ General ☐ Other (specify)		
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1,655.24
TOTAL This Period (last page this line number only)	3935.79

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER ___
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Republican Party of Louisiana (Victory 92)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election ☐ Primary ☐ General ☐ Other (specify)
Terms: Date Incurred ___ Date Due ___ Interest Rate ___ % Unsecured ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Election ☐ Primary ☐ General ☐ Other (specify)
Terms: Date Incurred ___ Date Due ___ Interest Rate ___ % Unsecured ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	0

Carry outstanding balance only to LINE 2, Schedule D. For this line, if no Schedule D, carry forward to appropriate line of Summary.

1 5 3 3 5 3 4 9 4 5

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full): Republican Party of Louisiana	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Hardi Worker Productions 2700 Lee Alexandria, LA 71301	70.00	0	0	70.00
Nature of Debt (Purpose): Signs				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Central Stamp + Sign Co. 212 W. Prien Lake Rd Lake Charles, LA 70601	364.29	0	0	364.29
Nature of Debt (Purpose): Signs				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Copy One, Mail One 5300 Tchoupitolas St. New Orleans, LA 70115	2640.19	0	0	2640.19
Nature of Debt (Purpose): Printing / Invitations				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Signs, Services + Specialities P.O. Box 147 Covington, LA 70434	90.00	0	0	90.00
Nature of Debt (Purpose): 2 Signs				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Kinko's Copy Center 3300 Causeway Blvd Metairie, LA 70002	280.99	0	0	280.99
Nature of Debt (Purpose): Printing / Copying				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Copy Products, Inc P.O. Box 8607 Metairie, LA 70011	48.55	0	0	0 *
Nature of Debt (Purpose): Copy Paper				

* This debt was paid during last reporting Period and was reported on page 1 #F of disbursements.

1) SUBTOTALS This Period This Page (optional)	3445.47
2) TOTAL This Period (last page this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

7 3 0 3 8 5 3 4 7 9 4 4

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Republican Party of Louisiana				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor David Vial 214 Ravenwood St. Hammond, LA 70401	331.70	0	0	0 *
* this item was paid for and reported paid on last report (p. 4 #8 of disbursements) Last Report will be amended.				
Nature of Debt (Purpose) Reimbursement for Rally Expenses				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Sheraton Hotel - New Orleans P.O. Box 62062 New Orleans, LA 70162	1012.00	0	901.74	0.00 *
* The amount owed [redacted] reported on last report [redacted] accounted for an error in billing. Amount owed was 901.74 not 1012.00				
Nature of Debt (Purpose) Luncheon for Mrs. Bush				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Bill Henry P.O. Box 399 Lake Charles, LA 70602	557.44	0	0	0.00 *
* was paid and reported on last report. See Schedule B pg. 2 #8 of last report.				
Nature of Debt (Purpose) Banner + Fair Booth				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Southwest Computers 1048 E. Cornerview Gonzales, LA 70137	138.47	0	0	138.47
Nature of Debt (Purpose) Mailing Service				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Fireball Moving Services 301 Westminster Dr. Slidell, LA 70460	310.00	0	0	310.00
Nature of Debt (Purpose) Furniture moving expenses				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor Mrs. A. W. Sour 1920 Capt. Shreve Dr. Shreveport, LA 71104	120.00	0	0	120.00
Nature of Debt (Purpose) Rally Expenses				
1) SUBTOTALS This Period (this Page (optional)				568.00
2) TOTAL This Period (last page this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

2 3 3 8 5 3 4 7 4 5

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 3 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full) Republican Party of Louisiana	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Sprint Telephone P.O. Box 650270 Dallas, TX 75263	345.00	0	0	345.00
Nature of Debt (Purpose) Long Distance - Phone				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	345.00
2) TOTAL This Period (last page this line only)	4358.47
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4358.47

73038534746

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

Name of Committee (in Full): Republican Party of Louisiana (Victory 92)

I.D. No: C00187450

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures $ _____

(b) **SUBTOTAL** of Unitemized Independent Expenditures $ _____

(c) **TOTAL** Independent Expenditures $ 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires _____

NOTARY PUBLIC _____

7 3 0 3 8 5 3 4 9 4 7

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

Republican Party of Louisiana (Victory92)

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			

SUBTOTAL of Expenditures This Page (optional) . . . . . .

TOTAL This Period (last page this line number only) 0

23034743

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
Republican Party of Louisiana (Victory 92) Generic Voter Drive

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %
PRESIDENTIAL YEAR (65%)
ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %
OR
FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT)	0
2. U.S. SENATE	(1 POINT)	0
3. U.S. CONGRESS	(1 POINT)	0
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		0
5. GOVERNOR	(1 POINT)	0
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS)	0
7. STATE SENATE	(1 POINT)	0
8. STATE REPRESENTATIVE	(1 POINT)	0
9. LOCAL CANDIDATES	(1 OR 2 POINTS)	1
10. EXTRA NON-FEDERAL POINT	× (1 POINT)	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		2
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		2

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... 0 %

9 3 0 3 8 5 3 4 9 4 9

SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE
Republican Party of Louisiana (Victory 92) Administrative Expenses

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %
PRESIDENTIAL YEAR (65%)
ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %
OR
FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:
ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %
ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT)	0
2. U.S. SENATE	(1 POINT)	0
3. U.S. CONGRESS	(1 POINT)	1
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		1
5. GOVERNOR	(1 POINT)	0
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS)	0
7. STATE SENATE	(1 POINT)	0
8. STATE REPRESENTATIVE	(1 POINT)	0
9. LOCAL CANDIDATES	(1 OR 2 POINTS)	2
10. EXTRA NON-FEDERAL POINT	x (1 POINT)	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		3
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		4

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... 1/4 ..... 25 %

93038534950

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE 1 OF 1
FOR LINE 18

NAME OF COMMITTEE: Republican Party of Louisiana (Victory 42)

TOTAL AMOUNT TRANSFERRED: $ 500.00

NAME OF ACCOUNT: Republican Party of Louisiana (Victory State Act)

DATE OF RECEIPT: 1/28/93

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN. VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY DIRECT CANDIDATE SUPPORT
Total Administrative Voter Drive	500.00		
i) Direct Fundraising (List Events Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
ii) Exempt Activity Direct Candidate Support (List Events-Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity-Direct Candidate Support			

NAME OF ACCOUNT:

DATE OF RECEIPT:

$

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN. VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY DIRECT CANDIDATE SUPPORT
Total Administrative Voter Drive			
Direct Fundraising (List Events Amount for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
Exempt Activity Direct Candidate Support (List Events Amount For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Exempt Activity Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN. VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				500.00

93038534951

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-31-93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SLD. — PREPARER

8-3-93 — DATE PREPARED

FEC FORM 70-2 (12/92)

73038534952