



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

---

Report Covering the Period:

From:

07 / 0 / 2011

To:

12 / 31 / 2011

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2012	38 5 3 8 9 2
(b) Cash on Hand at Beginning of Reporting Period.....	1 8 8 5 9 8
(c) Total Receipts (from Line 19).....	4 7 3 0 0 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4 9 1 8 5 9 8
7. Total Disbursements (from Line 31).....	1 0 6 4 7 0 6
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3 8 5 4 3 9 2
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	

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

12030732972

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

07 / 01 / 2011

To:

12 / 31 / 2011

**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).....

4 4 8 0 0 0 0

5 8 4 7 5 0 0

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8 6 7 5 0 0

8 6 7 5 0 0

(b) Political Party Committees.....

2 5 0 0 0 0

(c) Other Political Committees (such as PACs).....

7 5 0 0 0 0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

4 7 3 0 0 0 0

6 0 9 7 5 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

4 7 3 0 0 0 0

12030732973



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

4 7 3 0 0 0 0
4 7 3 0 6 0 0
4 7 3 0 0 0 0

6 0 9 7 5 0 0
2 5 0 0 0 0
5 9 0 5 0 0 0
5 9 0 5 0 0 0

12030732975

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

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

**A.** Full Name (Last, First, Middle Initial)  
**BUILLARD, BRETT**

Mailing Address  
**1016 KERN DRIVE**

City **BREAUX BRIDGE** State **LA** Zip Code **70516**

FEC ID number of contributing federal political committee. **C 00335570**

Name of Employer **CAJUN CHEF** Occupation **MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 6 0 0 0 0**

Date of Receipt  
**1 2 / 0 7 / 2 0 1 1**

Amount of Each Receipt this Period  
**1 6 0 0 0 0**

**B.** Full Name (Last, First, Middle Initial)  
**GLOBAL DATA SYSTEMS, INC.**

Mailing Address  
**537 CAJUNDOME BLVD., SUITE 11**

City **LAFAYETTE** State **LA** Zip Code **70506**

FEC ID number of contributing federal political committee. **C 00335570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4 8 0 0 0 0**

Date of Receipt  
**1 2 / 0 7 / 2 0 1 1**

Amount of Each Receipt this Period  
**4 8 0 0 0 0**

**C.** Full Name (Last, First, Middle Initial)  
**LEBLANC, THOMAS SR.**

Mailing Address  
**P.O. BOX 12240**

City **NEW IBERIA** State **LA** Zip Code **70562**

FEC ID number of contributing federal political committee. **C 0033570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 6 0 0 0 0**

Date of Receipt  
**1 2 / 0 7 / 2 0 1 1**

Amount of Each Receipt this Period  
**1 6 0 0 0 0**

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

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

**8 0 0 0 0 0**

12030732976

**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		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

12030732977

**A.** Full Name (Last, First, Middle Initial)  
**COX OIL, LLC**

Mailing Address  
**4514 COLE AVE, STE. 1175**

City State Zip Code  
**DALLAS TX 75205**

FEC ID number of contributing federal political committee.  
**C 0033570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1 6 0 0 0 0**

Date of Receipt  
**12 / 07 / 2011**

Amount of Each Receipt this Period  
**1 6 0 0 0 0**

**B.** Full Name (Last, First, Middle Initial)  
**ADAMS, BURT**

Mailing Address  
**612 TECHVIEW DRIVE**

City State Zip Code  
**BERWICK LA 70342**

FEC ID number of contributing federal political committee.  
**C 0033570**

Name of Employer Occupation  
**DGRS, LLC MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3,2 0 0 0 0 0**

Date of Receipt  
**12 / 07 / 2011**

Amount of Each Receipt this Period  
**3,2 0 0 0 0 0**

**C.** Full Name (Last, First, Middle Initial)  
**ADAMS, JODI**

Mailing Address  
**612 TECHVIEW DRIVE**

City State Zip Code  
**BERWICK LA 70342**

FEC ID number of contributing federal political committee.  
**C 0033570**

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3,2 0 0 0 0 0**

Date of Receipt  
**2 / 07 / 2011**

Amount of Each Receipt this Period  
**3,2 0 0 0 0 0**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>8,0 0 0 0 0 0</b>
<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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**A. FONTENOT, ANDRE**

Full Name (Last, First, Middle Initial)

Mailing Address  
32 SUNSET PARK LANE

City SUGAR LAND State TX Zip Code 77479

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer BP Occupation MANAGER OF OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1 6 0 0 0 0

**B. BARRAS, TAYLOR**

Full Name (Last, First, Middle Initial)

Mailing Address  
800 S LEWIS ST. STE 206

City NEW IBERIA State LA Zip Code 70560

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer STATE OF LA Occupation STATE REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1 6 0 0 0 0

**C. BARRAS, CHERYL**

Full Name (Last, First, Middle Initial)

Mailing Address  
800 S. LEWIS STE. STE 206

City NEW IBERIA State LA Zip Code 70560

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1 6 0 0 0 0

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

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

4 8 0 0 0 0

12030732978

**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		OF				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

12030732979

**A.** Full Name (Last, First, Middle Initial)  
GIROUARD, CRAIG

Mailing Address  
508 OAK MANOR

City NEW IBERIA State LA Zip Code 70563

FEC ID number of contributing federal political committee. C 0033570

Name of Employer COASTAL TIMBERS Occupation VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,600.00

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1,600.00

**B.** Full Name (Last, First, Middle Initial)  
NORRIS, PATRICK

Mailing Address  
409 TERRELL CT

City NEW IBERIA State LA Zip Code 70563

FEC ID number of contributing federal political committee. C 0033570

Name of Employer NORRIS INTERNATIONAL LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,600.00

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1,600.00

**C.** Full Name (Last, First, Middle Initial)  
ROMERO, KEITH

Mailing Address  
2015 BLUE HAVEN DRIVE

City NEW IBERIA State LA Zip Code 70563

FEC ID number of contributing federal political committee. C 0033570

Name of Employer TUTTIE'S MACHINE SHOP Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,600.00

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1,600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<u>4,800.00</u>
<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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

12030732980

**A.** Full Name (Last, First, Middle Initial)  
HOHN, LLC

Mailing Address  
2300 BOOTH ST.

City MONROE State LA Zip Code 71201

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3 2 0 0 0 0

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
3 2 0 0 0 0

**B.** Full Name (Last, First, Middle Initial)  
MUSSO, SHEILA

Mailing Address  
2212 BELLE RUELLE RD.

City NEW IBERIA State LA Zip Code 70563

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer Occupation  
SERVICE TOOLS ADMINISTRATIVE ASST.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
12 / 07 / 2011

Amount of Each Receipt this Period  
1 6 0 0 0 0

**C.** Full Name (Last, First, Middle Initial)  
LANDRY, BENJAMIN

Mailing Address  
2199 CYPRESS ISLAND HWY.

City ST. MARTINVILLE State LA Zip Code 70582

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer Occupation  
BL LANDRY, LLC OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 1

Amount of Each Receipt this Period  
1, 6 0 0 0 0 0

**SUBTOTAL** of Receipts This Page (optional).....▶ 6 4 0 0 0 0

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

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

12030732981

**A.** Full Name (Last, First, Middle Initial)  
LEE, LEBLANC

Mailing Address  
4317 LOREAUVILLE RD

City NEW IBERA State LA Zip Code 70563

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer SERVICE TOOLS, LLC Occupation CO-OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 6 0 0 0 0

Date of Receipt  
12 / 14 / 2011

Amount of Each Receipt this Period  
1 6 0 0 0 0

**B.** Full Name (Last, First, Middle Initial)  
DORE, TIMOTHY

Mailing Address  
28527 WILD MUSTANG LANE

City FULSHEAR State TX Zip Code 77441

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer DORE AND DORE LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,6 0 0 0 0 0

Date of Receipt  
12 / 14 / 2011

Amount of Each Receipt this Period  
1,6 0 0 0 0 0

**C.** Full Name (Last, First, Middle Initial)  
CLM EQUIPMENT CO., INC.

Mailing Address  
3135 HWY 90 E

City BROUSSARD State LA Zip Code 70518

FEC ID number of contributing federal political committee. **C** 0033570

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3,2 0 0 0 0 0

Date of Receipt  
12 / 14 / 2011

Amount of Each Receipt this Period  
3,2 0 0 0 0 0

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

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

6 4 0 0 0 0

**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	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**A. KEYSTONE SERVICES, INC**

Full Name (Last, First, Middle Initial)  
KEYSTONE SERVICES, INC

Mailing Address  
1019 ALBERTSON PARKWAY

City BROUSSARD State LA Zip Code 70518

FEC ID number of contributing federal political committee. **C 0033570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 2 0 0 0 0**

Date of Receipt  
**1 2 / 1 4 / 2 0 1 1**

Amount of Each Receipt this Period  
**3 2 0 0 0 0**

**B. NORFOLK SOUTHERN CORP GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
NORFOLK SOUTHERN CORP GOOD GOVERNMENT FUND

Mailing Address  
THREE COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C 0033570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 5 0 0 0 0**

Date of Receipt  
**1 2 / 2 1 / 2 0 1 1**

Amount of Each Receipt this Period  
**2 5 0 0 0 0**

**C. CHATAWA MANAGMTN CO, INC.**

Full Name (Last, First, Middle Initial)  
CHATAWA MANAGMTN CO, INC.

Mailing Address  
P.O. BOX 990

City BROUSSARD State LA Zip Code 70518

FEC ID number of contributing federal political committee. **C 0033570**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 2 0 0 0 0**

Date of Receipt  
**1 2 / 2 9 / 2 0 1 1**

Amount of Each Receipt this Period  
**3 2 0 0 0 0**

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

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

**8 9 0 0 0 0**

**4 7 3 0 0 0**

12030732982

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

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NAME OF COMMITTEE (in Full)

12030732983

A. Full Name (Last, First, Middle Initial) <b>MARK PHARR</b>		Date of Disbursement MM / DD / YYYY <b>12 / 21 / 2011</b>
Mailing Address <b>101 BONNER DRIVE</b>		Amount of Each Disbursement this Period <b>10 642 06</b>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Purpose of Disbursement <b>TRAVEL</b>	Zip Code <b>70508</b>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B. Full Name (Last, First, Middle Initial) <b>COMMUNITY FIRST BANK</b>		Date of Disbursement MM / DD / YYYY <b>12 / 30 / 2011</b>
Mailing Address <b>801 ALBERTSON'S PARKWAY</b>		Amount of Each Disbursement this Period <b>5 0 0</b>
City <b>BROUSSARD</b>	State <b>LA</b>	
Purpose of Disbursement <b>BANK FEES</b>	Zip Code <b>70518</b>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>10 647 06</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1 064 7.06</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
1/31/12

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*MSJ*  
PREPARER

*2/6/12*  
DATE PREPARED

12030732984