

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) 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 07 / 24 / 2020 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 04 / 01 / 2020 through 07 / 04 / 2020

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 07 / 07 / 2020

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**

FEC Form 3X (Rev. 05/2016)

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="2020"/>	<input type="text" value="21853.65"/>	<input type="text" value="21853.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26543.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5426.96"/>	<input type="text" value="12939.44"/>
(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="31970.54"/>	<input type="text" value="34793.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2814.55"/>	<input type="text" value="5637.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29155.99"/>	<input type="text" value="29155.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Gulf Coast Bank & Trust WAVE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y 07 / 04 / 2020

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).....	2870.00	4670.00
(ii) Unitemized	2513.50	8168.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5383.50	12838.50
(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)	5383.50	12838.50
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.).....	43.46	100.94
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)).....▶	5426.96	12939.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5426.96	12939.44

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	14.55	37.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14.55	37.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2800.00	5600.00
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)) ..	2814.55	5637.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2814.55	5637.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5383.50	12838.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5383.50	12838.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14.55	37.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14.55	37.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<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. CZERNIAK, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 WEBSTER 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) SR VP OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13103
 Amount of Each Receipt this Period 350.00
 Memo Item
 \$50.00/BI-WEEKLY PAYROLL

B. DASTE, JOEL, , , Sr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 260.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13093
 Amount of Each Receipt this Period 140.00
 Memo Item
 \$20.00/BI-WEEKLY PAYROLL

C. DICKEY, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 455.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13102
 Amount of Each Receipt this Period 245.00
 Memo Item
 \$35.00/BI-WEEKLY PAYROLL

SUBTOTAL of Receipts This Page (optional).....▶	735.00
TOTAL This Period (last page this line number only).....▶	

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

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

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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 ▼ 260.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13094
 Amount of Each Receipt this Period 140.00
 Memo Item \$20.00/BI-WEEKLY PAYROLL

B. 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 ▼ 325.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13099
 Amount of Each Receipt this Period 175.00
 Memo Item \$25.00/BI-WEEKLY PAYROLL

C. 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 ▼ 260.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13096
 Amount of Each Receipt this Period 140.00
 Memo Item \$20.00/BI-WEEKLY PAYROLL

SUBTOTAL of Receipts This Page (optional).....	455.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Gulf Coast Bank & Trust WAVE PAC

A. 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 ▼ 260.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13097
 Amount of Each Receipt this Period 140.00
 Memo Item
 \$20.00/BI-WEEKLY PAYROLL

B. 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 ▼ 325.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13100
 Amount of Each Receipt this Period 175.00
 Memo Item
 \$25.00/BI-WEEKLY PAYROLL

C. 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 ▼ 650.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13104
 Amount of Each Receipt this Period 350.00
 Memo Item
 \$50.00/BI-WEEKLY PAYROLL

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Gulf Coast Bank & Trust WAVE PAC

A. 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 ▼ 650.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13105
 Amount of Each Receipt this Period 350.00
 Memo Item
 \$50.00/BI-WEEKLY PAYROLL

B. 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 ▼ 260.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13098
 Amount of Each Receipt this Period 140.00
 Memo Item
 \$20.00/BI-WEEKLY PAYROLL

C. 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 ▼ 325.00

Date of Receipt 06 / 26 / 2020
Transaction ID : SA11AI.13101
 Amount of Each Receipt this Period 175.00
 Memo Item
 \$25.00/BI-WEEKLY PAYROLL

SUBTOTAL of Receipts This Page (optional).....	665.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
Gulf Coast Bank & Trust WAVE PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, GUY, , ,

Mailing Address 34 SWALLOW ST

City NEW ORLEANS	State LA	Zip Code 70124
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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 ▼
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2020

Transaction ID : SA11A1.13107

Amount of Each Receipt this Period
350.00

Memo Item
\$50.00/BI-WEEKLY PAYROLL

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	2870.00

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

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NAME OF COMMITTEE (In Full)
Gulf Coast Bank & Trust WAVE PAC

Full Name (Last, First, Middle Initial)

A. LETLOW FOR CONGRESS

Mailing Address 905 JULIA STREET

City RAYVILLE State LA Zip Code 71269

Purpose of Disbursement
Primary Contribution

011
Category/
Type

Candidate Name
LETLOW, LUKE JOSHUA, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District: 05

Date of Disbursement
MM / DD / YYYY
06 / 26 / 2020

FEC Identification Number
C C00742106
Transaction ID : SB23.13119
Amount of Each Disbursement this Period
2800.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

2800.00
2800.00