

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
SECRETARY OF THE SENATE

98 JUL 17 AM 11:02

1. NAME OF COMMITTEE (In full) <b>John Breaux Committee</b>		2. HAND DELIVERED <input type="checkbox"/> FEC IDENTIFICATION NUMBER <b>C00215830</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 4042</b>		
CITY, STATE and ZIP CODE <b>Baton Rouge, La 70821-4042</b>		3. IS THIS REPORT AN AMENDMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☒ July 15 Quarterly Report ☐ Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_
- ☐ October 15 Quarterly Report ☐ Termination Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid Year Report (Non-election Year Only)

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

5. Covering Period <u>04/01/98</u> through <u>06/30/98</u>		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	\$ 477,575.10	\$ 808,388.99	
(b) Total Contributions Refunds (from Line 20(d)) . . . . .	\$	\$ 2,750.00	
(c) Net Contributions (other than loans) (subtract Line 6(b)) from 6(a)) . . . . .	\$ 477,575.10	\$ 805,635.99	
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17) . . . . .	\$ 224,488.51	\$ 472,898.29	
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	\$ 50.00	\$ 470,403.93	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) . . . . .	\$ 224,438.51	\$ 470,403.93	
8. Cash on Hand at Close of Reporting Period (from Line 27) . . . . .		\$ 3,710,955.37	For Information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
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 (Itemized all on Schedule C and/or Schedule D) . . . . .		\$ 0.00	
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  
**Carol Inman Speer**

Signature of Treasurer

Date

7/15/98

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

# DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3

NAME OF COMMITTEE C00215830 John Breau Committee	REPORT COVERING PERIOD FROM: 04/01/98 TO: 06/30/98
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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) . . . . .	207,831.36	
(ii) Unitemized . . . . .	33,780.00	
(iii) Total of contributions from individuals . . . . .	241,611.36	432,899.59
(b) Political Party Committees . . . . .		
(c) Other Political Committees (such as PACs) . . . . .	235,963.74	375,489.40
(d) The Candidate . . . . .		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	477,575.10	808,388.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES. . . . .	34.94	12,384.94
13. LOANS:		
(a) Made or Guaranteed by the Candidate . . . . .		
(b) All Other Loans . . . . .		
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .	50.00	2,494.36
15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .	46,773.04	87,962.43
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .	524,433.08	911,230.72
II. DISBURSEMENTS		
17. OPERATING EXPEDITURES . . . . .	218,823.51	453,283.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES. . . . .		8,500.00
19. LOAN REPAYMENTS:		
(a) OF Loans Made or Guaranteed by the Candidate . . . . .		
(b) Of All Other Loans . . . . .		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Person Other Than Political Committees . . . . .		1,750.00
(b) Political Party Committees . . . . .		
(c) Other Political Committees (such as PACs) . . . . .		1,000.00
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c)) . . . . .		2,750.00
21. OTHER DISBURSEMENTS . . . . .	5,665.00	11,115.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .	224,488.51	475,648.29

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .	\$ 3,411,010.80
24. TOTAL RECEIPTS THIS PERIOD (form Line 16) . . . . .	\$ 524,433.08
25. SUBTOTAL (add Line 23 and Line 24) . . . . .	\$ 3,935,443.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .	\$ 224,488.51
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtrat Line 26 from 25). . . . .	\$ 3,710,955.37

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 51  
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)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AARON BROUSSARD 1221 ELMWOOD PARK BLVD. HARAHAN LA 70123	JEFFERSON PARISH COUNCIL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGNES CANDIES POST OFFICE BOX 25 DES ALLEMANS LA 70030			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFRED A. GELFOND 1973 WASHINGTON VALLEY ROAD MARTINSVILLE NJ 08836	ALFRED A. GELFOND & COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/15/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFRED C. GLASSELL, JR. 1021 MAIN STREET HOUSTON TX 77002	GLASELL PRODUCING COMPANY, INC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	05/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALFRED C. GLASSELL, JR. 1021 MAIN STREET HOUSTON TX 77002	GLASELL PRODUCING COMPANY, INC		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	05/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN B. MUCHIN 525 WEST MONROE CHICAGO IL 60661	KATTEN, MUCHIN & ZAVIS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLAN L. KATZ 6562 BELLAIRE DRIVE NEW ORLEANS LA 70124	ALLAN KATZ & ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 4,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN BROWN 3005 AUDUBON TERRACE, NW WASHINGTON DC 20008	US CONSUMER PRODUCT SFTY COMM		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN E. DANIELSKI 5134 WORTHINGTON DRIVE BESTHESDA MD 20816			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN E. DANIELSKI 5134 WORTHINGTON DRIVE BESTHESDA MD 20816			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	06/10/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY J. MUMPHREY, JR. 2237 ORIOLE STREET NEW ORLEANS LA 70122	THE MUMPHREY GROUP, LLC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY M. LAWRENCE 922 SOLOMON PLACE NEW ORLEANS LA 70119	TOTAL BENEFITS SERVICES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. LEHMAN WILLIAMSON 1881 WOODDALE BLVD. BATON ROUGE LA 70806	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENTS	04/09/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. WAYNE BROWN 1619 JIMMIE DAVIS HIGHWAY BOSSIER CITY LA 71112	BROWN BUILDERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	06/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00

**SUBTOTAL** of Receipts This Page (optional)..... 3,500.00

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

78020142055



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA L. COLLINS 5307 HAZELGROVE HOUSTON TX 77084	THE COASTAL CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASSISTANT	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA R. BERGREEN 1060 FIFTH AVENUE NEW YORK NY 10028	PORTANTINA, LTD.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA R. BERGREEN 1060 FIFTH AVENUE NEW YORK NY 10028	PORTANTINA, LTD.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/10/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARRY A. WEPRIN 22 DIMITRI PLACE LARCHMONT NY 10538	MILBERG, WEISS, BERSHAD ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEN F. LOVE 3765 IVERNESS HOUSTON TX 77019	RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	05/22/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEN F. LOVE 3765 IVERNESS HOUSTON TX 77019	RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	05/22/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)..... 6,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENNETT L. POLITZ 375 HIDDEN HOLLOW DRIVE SHREVEPORT LA 71106	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERNARD S. JOHNSON 7604 CRESWELL SHREVEPORT LA 71106	COOK, YANCEY, KING & GALLOWAY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY C. BRYAN 1122 COLORADO STREET AUSTIN TX 78701	BRYAN & ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LEGISLATIVE CONSULTANT	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY C. BRYAN 1122 COLORADO STREET AUSTIN TX 78701	BRYAN & ASSOCIATES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LEGISLATIVE CONSULTANT	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY D. GILMAN 405 TALAHU ROAD, SE VIENNA VA 22180	ROBERTSON, MONAGLE & EASTAUGH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE A. BUSADA 1530 WHITEHALL DRIVE SHREVEPORT LA 71105	DIESEL DRIVING ACADEMY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BYRON L. GREGORY 1012 ROMONA ROAD WILMETTE IL 60091	MCDERMOTT, WILL & EMERY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00

**SUBTOTAL** of Receipts This Page (optional)..... 2,810.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL A. PARKER 1 PLAZA SQUARE PORT ARTHUR TX 77642	PARKER & PARKS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL A. PARKER 1 PLAZA SQUARE PORT ARTHUR TX 77642	PARKER & PARKS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	04/27/98	
	Aggregate Year-to-Date > \$	1,500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARLOS A. CALIX 5805 LAFRENIERE STREET METAIRIE LA 70003	KREBS, LASALLE, LEMIEUX		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER/SR. VICE-PRESIDENT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL ANNE KELLY 4000 TUNLAW ROAD WASHINGTON DC 20007	PREMIER, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - FEDERAL AFFAIRS	05/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CEZAR M. FORELICH 19 MEADOWOOD LANE NORTHFIELD IL 60093	SHEFSKY & FROELICH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES C. HARDING 5752 BANCROFT DRIVE NEW ORLEANS LA 70122	HOSPICE OF ST. JUDE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	06/12/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES JACOBS 104 HICKORY STREET SPRINGHILL LA 71075	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	300.00	300.00

SUBTOTAL of Receipts This Page (optional)..... 3,550.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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PAGE 6 OF 51  
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## NAME OF COMMITTEE (In Full)

John Breau Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES WILSON 1401 NORTH OAK STREET ARLINGTON VA 22209	HOOPER. HOOPER, OWEN & GOULD		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRINCIPAL	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLIE MCBRIDE 1730 M STREET, NW WASHINGTON DC 20036	CHARLIE MCBRIDE ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLIE MCBRIDE 1730 M STREET, NW WASHINGTON DC 20036	CHARLIE MCBRIDE ASSOCIATES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS N. BAKER 1177 W. LOOP SOUTH HOUSTON TX 77027	SECURITY LIFE INSURANCE GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGIONAL VICE-PRESIDENT	05/04/98	
	Aggregate Year-to-Date > \$	400.00	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS PARKS 1 PLAZA SQUARE PORT ARTHUR TX 77642	PARKER & PARKS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS PARKS 1 PLAZA SQUARE PORT ARTHUR TX 77642	PARKER & PARKS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	04/27/98	
	Aggregate Year-to-Date > \$	1,500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTIAN G. VACCARI 716 TETE L'OURS DRIVE MANDEVILLE LA 70471	CARI INVESTMENTS COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENTS	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 5,150.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER A. BLOOM 5761 EASTOVER DRIVE NEW ORLEANS LA 70128	SAMUELS & HUDDLESTON		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER A. KEEGAN 617 AUTUMN LANE LEXINGTON KY 40502	NATIONAL RESPIRATORY SERVICES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	06/30/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER G. CAMPBELL 479 RAILSBACK ROAD SHREVEPORT LA 71106	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VENTURE/INVESTMENT CAPITAL	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTY A. MONTEGUT, M.D. 51 HOLLY DRIVE LAPLACE LA 70068	RIVER PARISHES HOSPITAL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN/CORONER	06/19/98	
	Aggregate Year-to-Date > \$	250.00	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLAIR SCOTT SMITH, JR. 310 ELLERBE CREEK ROAD SHREVEPORT LA 71106	FALCO S & D		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OIL TRADER	05/29/98	
	Aggregate Year-to-Date > \$	400.00	200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYNTHIA L. MOORE 2717 NORTH FILMORE STREET ARLINGTON VA 22207	NATL CNCL ON TEACHER RETIRE.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID A. ARLEDGE 3211 ROBINSON ROAD MISSOURI CITY TX 77459	THE COASTAL CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/PRESIDENT/CEO	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 2,320.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID A. ARLEDGE 3211 ROBINSON ROAD MISSOURI CITY TX 77459	THE COASTAL CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/PRESIDENT/CEO	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID A. CROZIER 2123 CALIFORNIA STREET, NW WASHINGTON DC 20008	CHILDREN'S HOSPITAL FOUNDATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	06/19/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID BEEKMAN 43 CABRIOLET LANE MELVILLE NY 11747	KREINDLER & KREINDLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID F. CHAPPELL 301 COMMERCE STREET FORT WORTH TX 76102	CHAPPELL & MCGARTLAND		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	04/20/98	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. ROBERSON 11 BEACON BAY NEWPORT BEACH CA 92660	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	05/15/98	
	Aggregate Year-to-Date > \$	800.00	800.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID LEBLANC POST OFFICE BOX 4506 SHREVEPORT LA 71134	LIFECARE MANAGEMENT SERVICES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/01/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID M. LANDRY 24 ENGLISH TURN DRIVE NEW ORLEANS LA 70131	STEPHENS, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 4,800.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBBIE CORBETT 3316 CULLODEN WAY BIRMINGHAM AL 35242	TRAVETIME SERVICES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE VICE-PRESIDENT	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBBIE CORBETT 3316 CULLODEN WAY BIRMINGHAM AL 35242	TRAVETIME SERVICES, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE VICE-PRESIDENT	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENIS POLJAK 10010 STRATMORE CIRCLE SHREVEPORT LA 71115	MERRILL LYNCH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FINANCIAL ADVISOR	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS S. BOOKSHESTER 1325 NORTH ASTOR STREET CHICAGO IL 60610	CUTANIX CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNY E. GAMBLE, JR. POST OFFICE BOX 52389 SHREVEPORT LA 71135	GAMBLE GUEST CARE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	06/01/98	
	Aggregate Year-to-Date > \$	400.00	400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DES R. MOTHE POST OFFICE BOX 2128 GRETN LA 70054	MOTHE LIFE INSURANCE COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DESIREE GLAPION ROGERS 219 E. LAKESHORE DRIVE CHICAGO IL 60611	PEOPLES ENERGY CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 3,920.00

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> DEWEY W. CORLEY 333 TEXAS STREET SHREVEPORT LA 71101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation BUSINESS Aggregate Year-to-Date > \$	Date (month, day, year) 06/01/98 220.00	Amount of Each Receipt this Period 20.00
<b>B. Full Name, Mailing Address and ZIP Code</b> DIANA P. HOBBY POST OFFICE BOX 326 HOUSTON TX 77001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$	Date (month, day, year) 04/27/98 1,000.00	Amount of Each Receipt this Period 1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> DIANNE BROCK 1201 LOUISIANA AVENUE HOUSTON TX 77002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOMEMAKER Aggregate Year-to-Date > \$	Date (month, day, year) 05/04/98 1,000.00	Amount of Each Receipt this Period 1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> DIANNE BROCK 1201 LOUISIANA AVENUE HOUSTON TX 77002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOMEMAKER Aggregate Year-to-Date > \$	Date (month, day, year) 05/04/98 2,000.00	Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> DIRK ZIFF 153 E. 53RD STREET NEW YORK NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ZIFF BROTHERS INVESTMENTS Occupation INVESTOR Aggregate Year-to-Date > \$	Date (month, day, year) 04/27/98 1,000.00	Amount of Each Receipt this Period 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> DONALD C. ALEXANDER 1333 NEW HAMPSHIRE AVE., NW WASHINGTON DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AKIN, GUMP, STRAUSS ET AL Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 05/04/98 250.00	Amount of Each Receipt this Period 250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> DONALD E. JONES 4100 MEADOW LANE BOSSIER CITY LA 71111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JONES BROTHERS CO., INC. Occupation CONTRACTOR Aggregate Year-to-Date > \$	Date (month, day, year) 05/22/98 500.00	Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... 4,770.00

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

98020142003



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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> DONALD G. LAMBERT POST OFFICE BOX 1958 KENNER LA 70063	Name of Employer SELF	Date (month, day, year) 05/22/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$ 250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> DONALD J. NOLAN 1 N. LASALLE CHICAGO IL 60602	Name of Employer SELF	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> DONALD MARX 825 N. EASTERN AVENUE CROWLEY LA 70526	Name of Employer MARX CHIROPRACTIC CLINIC	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPRACTOR	Aggregate Year-to-Date > \$ 250.00	250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> DONALD R. UPDEGRAFF 1054 CAPILANO DRIVE SHREVEPORT LA 71106	Name of Employer CENTRAL BANK	Date (month, day, year) 06/01/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$ 220.00	20.00
<b>E. Full Name, Mailing Address and ZIP Code</b> DONNA G. KLEIN 1311 VALMONT STREET NEW ORLEANS LA 70115	Name of Employer MCGLINCHY STAFFORD LANG	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> DOUGLAS L. WHITLEY 1225 FAGAN BATAVIA IL 60510	Name of Employer AMERITECH - ILLINOIS	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 250.00	250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> E. HARDY VAUGHN POST OFFICE BOX 532017 ORLANDO FL 32853	Name of Employer THE VAUGHN GROUP	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	Aggregate Year-to-Date > \$ 500.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 2,020.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> E. L. ROBBINS POST OFFICE BOX 35322 HOUSTON TX 77235		Name of Employer SOLAR CONTRACTORS, INC.	Date (month, day, year) 04/29/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> EDMUND T. PRATT, JR. 385 7TH STREET, NW WASHINGTON DC 20004		Name of Employer RETIRED	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> EDWARD J. DAVIS 4712 SHERIDAN AVENUE METAIRIE LA 70002		Name of Employer OVERHEAD/UNDERGROUND ELEC.	Date (month, day, year) 05/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ELECTRICAL SALES ENGINEER	Aggregate Year-to-Date > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> EDWIN M. WHEELER 1629 K STREET, NW WASHINGTON DC 20006		Name of Employer ED WHEELER & ASSOCIATES	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> ELIZABETH A. WARD 2502-24 GATES CIRCLE BATON ROUGE LA 70809		Name of Employer ENTERGY CORP.	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation MARKETING	Aggregate Year-to-Date > \$ 1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> ELLEN C. L. SIMMONS 1405 NORTH BOULEVARD HOUSTON TX 77006		Name of Employer HOMEMAKER	Date (month, day, year) 05/22/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> ERIK F. JOHNSON 170 WALNUT STREET NEW ORLEANS LA 70118		Name of Employer CENTRAL GULF LINES, INC.	Date (month, day, year) 05/01/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... 5,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
ERNEST J. CORRADO 1801 K STREET, NW WASHINGTON DC 20006		SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY/CONSULTANT	05/11/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FRANCENE MILLER 2014 RIVER ROAD SHREVEPORT LA 71105		ARKLATEX ANTIQUES & CAR MUSEUM		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation DIRECTOR	06/01/98	
		Aggregate Year-to-Date > \$	210.00	100.00
<b>C. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FRANK A. ASHBY, JR. 228 ST. CHARLES AVENUE NEW ORLEANS LA 70130		SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OIL & GAS	05/22/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>D. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FRANK FRIEDLER, III 415 LAFAYETTE STREET NEW ORLEANS LA 70130		THE FRIEDLER GROUP, LLC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INSURANCE	04/20/98	
		Aggregate Year-to-Date > \$	800.00	800.00
<b>E. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FRANK H. WALK 600 CARONDELET STREET NEW ORLEANS LA 70130		WALK, HAYDEL, & ASSOCIATES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CONSULTING ENGINEERS	05/15/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FRED L. LIEB 1500 EAST LAKE COOK ROAD BUFFALO GROVE IL 60089		ANGUS CHEMICAL COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP & GENERAL COUNSEL	06/08/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
FREIDA P. ARLEDGE 3211 ROBINSON ROAD MISSOURI CITY TX 77459				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOMEMAKER	04/27/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 2,900.00

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

18000142066

18000142066

### ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> G. ANTHONY GELDERMAN, III 1310 WHITNEY BUILDING NEW ORLEANS LA 70130		Name of Employer SELF	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY		
		Aggregate Year-to-Date > \$	250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> GALE LUQUETTE 19013 THEALL ROAD ABBEVILLE LA 70510		Name of Employer JUDGE DURWOOD CONQUE	Date (month, day, year) 06/22/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAW CLERK		
		Aggregate Year-to-Date > \$	250.00	250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> GARY C. KARCH 737 HILL AVENUE GLEN ELLYN IL 60137		Name of Employer MCDERMOTT, WILL & EMERY	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY		
		Aggregate Year-to-Date > \$	250.00	250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> GARY F. KIMMONS 2345 BERING DRIVE HOUSTON TX 77057		Name of Employer GK INTELLIGENCE	Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO & PRESIDENT		
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> GARY F. KIMMONS 2345 BERING DRIVE HOUSTON TX 77057		Name of Employer GK INTELLIGENCE	Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO & PRESIDENT		
		Aggregate Year-to-Date > \$	1,500.00	500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> GEORGE DENEGRE, SR. 201 ST. CHARLES AVENUE NEW ORLEANS LA 70170		Name of Employer JONES, WALKER ET AL	Date (month, day, year) 05/27/98	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY		
		Aggregate Year-to-Date > \$	250.00	250.00
<b>G. Full Name, Mailing Address and ZIP Code</b> GEORGE P. MITCHELL POST OFFICE BOX 4000 THE WOODLANDS TX 77387		Name of Employer MITCHELL ENERGY & DEVELOPMENT	Date (month, day, year) 04/27/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CHAIRMAN & CEO		
		Aggregate Year-to-Date > \$	1,000.00	1,000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3,500.00
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**TOTAL This Period (last page this line number only)**.....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD C. ALLEN 10910 BRIDGEWOOD DRIVE HOUSTON TX 77024	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD C. ALLEN 10910 BRIDGEWOOD DRIVE HOUSTON TX 77024	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERRI R. COLTON 351 N. NEWPORT BLVD., STE 507 NEWPORT BEACH CA 92668	TECHNICAL & MEDICAL ADVISORS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR	06/12/98	
	Aggregate Year-to-Date > \$	758.15	758.15
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENDA COOPER 10200 ELLERBE ROAD SHREVEPORT LA 71106	LA ENDOWMENT FOR HUMANITIES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIR	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN ROGER DELANEY 1304 TULIP POPLAR LANE VIENNA VA 22182	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLORIA ANNE DITTUS 1000 THOMAS JEFFERSON ST., NW WASHINGTON DC 20007	THE DITTUS GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRADY C. GOLDEN POST OFFICE BOX 295 SHREVEPORT LA 71162	BUILDERS SUPPLY CO., INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/27/98	
	Aggregate Year-to-Date > \$	300.00	300.00

SUBTOTAL of Receipts This Page (optional)..... 3,828.15

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

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY E. BRADEN, IV 612 GRAVIER STREET NEW ORLEANS LA 70130	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY J. N. TAUB 333 WEST LOOP NORTH HOUSTON TX 77024	BEN TAUB INTERESTS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	04/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD M. KOFF 5550 TOPANGA CANYON BOULEVARD WOODLAND HILLS CA 91367	WESTBURY FINANCIAL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	05/22/98	
	Aggregate Year-to-Date > \$	800.00	800.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUBERT D. RILEY 2631 COLSTON DRIVE CHEVY CHASE MD 20815	CARTWRIGHT & RILEY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRINCIPAL	06/15/98	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ISABELLE S. HAIK 71 AUDUBON BOULEVARD NEW ORLEANS LA 70118	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER, EYE CLINIC	06/19/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. BLONDIN 137 BLONDIN ROAD ARCADIA LA 71001	GAMBIT FARMS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	06/01/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. BLONDIN 137 BLONDIN ROAD ARCADIA LA 71001	GAMBIT FARMS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	06/01/98	
	Aggregate Year-to-Date > \$	270.00	20.00

SUBTOTAL of Receipts This Page (optional)..... 2,820.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. PROOPS 10 LONGMEADOW ROAD WINNETKA IL 60093	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRIVATE INVESTOR	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. GRAY TEEKELL 401 EDWARDS STREET SHREVEPORT LA 71101	THE TEEKELL COMPANY, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT; LIFE INSURANCE SALES	05/29/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. MARSHALL JONES, JR. 5621 WILLOW CREST DRIVE SHREVEPORT LA 71119	JONES, ODOM ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. ROGER HIRL 17608 HARBORD OAKS CIRCLE DALLAS TX 75252	OCCIDENTAL CHEMICAL CORPORATIO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CHIEF EXECUTIVE OFFIC	04/17/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. S. SHELBY POST OFFICE BOX 37347 SHREVEPORT LA 71103	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	06/05/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. S. SHELBY POST OFFICE BOX 37347 SHREVEPORT LA 71103	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	06/05/98	
	Aggregate Year-to-Date > \$	1,500.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. THOMAS SCHIEFFER 1000 BALLPARK WAY ARLINGTON TX 76011	TEXAS RANGERS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	04/20/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 4,750.00

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



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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. W. BEAN 6025 GARFIELD STREET NEW ORLEANS LA 70118	BEAN DREDGING CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.E.O.	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK L. MESSMAN 6952 LAUREL VALLEY DRIVE FORT WORTH TX 76132	UNION PACIFIC RESOURCES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/CEO	04/20/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMEE BEAN 9917 BEAVER CREEK SHREVEPORT LA 71106	FAMILY MEDICAL CENTER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OFFICE MANAGER	06/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMEE BEAN 9917 BEAVER CREEK SHREVEPORT LA 71106	FAMILY MEDICAL CENTER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OFFICE MANAGER	06/01/98	
	Aggregate Year-to-Date > \$	520.00	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES A. LEBENTHAL 610 WEST END AVENUE NEW YORK NY 10024	LEBENTHAL & COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/INVESTMENT BANKER	04/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES C. DONOHUE 1604 WOODCHASE BOULEVARD BATON ROUGE LA 70808	CRAWFORD & LEWIS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES C. FLORES 8440 JEFFERSON HIGHWAY BATON ROUGE LA 70809	OCEAN ENERGY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN OF THE BOARD/CEO/PRESIDENT	04/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 3,520.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES C. FREE 1401 K STREET NW, 12TH FLOOR WASHINGTON DC 20005	THE SMITH-FREE GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	04/20/98	
	Aggregate Year-to-Date > \$	702.90	702.90
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES D. BROWN 5009 FELICIANA DRIVE BOSSIER CITY LA 71112	JAMES M. BROWN BUILDERS, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES D. WOODS 40 SUGARBERRY CIRCLE HOUSTON TX 77024	BAKER HUGHES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN EMERITUS	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES D. WOODS 40 SUGARBERRY CIRCLE HOUSTON TX 77024	BAKER HUGHES, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN EMERITUS	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E. FITZMORRIS, JR. 909 POYDRAS STREET NEW ORLEANS LA 70112	FITZMORRIS & ASSOCIATES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES H. QUELLO 6101 EDSALL ROAD ALEXANDRIA VA 22304	RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	04/29/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES K. ELROD 2600 GREENWOOD ROAD SHREVEPORT LA 71103	WILLIS-KNIGHTON MEDICAL CENTER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOSPITAL ADMINISTRATOR	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional).....	4,702.90
TOTAL This Period (last page this line number only).....	

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES K. ELROD 2600 GREENWOOD ROAD SHREVEPORT LA 71103	WILLIS-KNIGHTON MEDICAL CENTER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOSPITAL ADMINISTRATOR	06/01/98	
	Aggregate Year-to-Date > \$	270.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES LEGGETT POST OFFICE BOX 9540 FORT WORTH TX 76147	MAJESTIC LIQUOR STORES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES	05/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES P. BENNETT 3732 SHADY COVE DRIVE BIRMINGHAM AL 35243	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT/C.O.O.	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES P. BENNETT 3732 SHADY COVE DRIVE BIRMINGHAM AL 35243	HEALTHSOUTH CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT/C.O.O.	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES P. KREINDLER 31 OLD BRIARCLIFF ROAD BRIARCLIFF MANOR NY 10510	KREINDLER & KREINDLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. ANDREWS, M.D. 1201 11TH AVENUE, SOUTH BIRMINGHAM AL 35205	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. ANDREWS, M.D. 1201 11TH AVENUE, SOUTH BIRMINGHAM AL 35205	HEALTHSOUTH CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,520.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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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)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. MADISON POST OFFICE BOX 21990 SHREVEPORT LA 71120	WIENER, WEISS & MADISON		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/05/98	
	Aggregate Year-to-Date > \$	400.00	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES R. MOFFETT 1615 POYDRAS STREET NEW ORLEANS LA 70112	FREEPORT-MCMORAN COPPER & GOLD		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/CEO	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAN MADISON 6235 GILBERT SHREVEPORT LA 71106	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INTERIOR DECORATOR	06/05/98	
	Aggregate Year-to-Date > \$	400.00	400.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAN SCHOONMAKER 147 E STREET, SE WASHINGTON DC 20005	VAN SCOYOC ASSOCIATES INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE B. OWEN 300 PINEWOLD HOUSTON TX 77056	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENTS	04/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE R. CARUTHERS 1817 WILLOW POINT DRIVE SHREVEPORT LA 71119			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	06/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JASON M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	FIRST NATL BANK OF COMMERCE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 3,100.00

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## NAME OF COMMITTEE (in Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JASON ROUNDS 533 DUDLEY SHREVEPORT LA 71104	HIGHLAND FAMILY CARE NETWORK		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JASON S. WARD 428 TIMBERLANE DRIVE GRETN LA 70056	RIVER OAKS MANAGEMENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATOR	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY D. DOHERTY 54 W. HUBBARD STREET CHICAGO IL 60610	HAYMARKET GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER/CONSULTANT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEANNE SULLIVAN 185 E. DELAWARE PLACE, # 6805 CHICAGO IL 60611			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER	05/28/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY M. GOLDBERG 20 N. CLARK STREET CHICAGO IL 60602	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY M. MONTAG 7619 EDGEWAY DRIVE HOUSTON TX 77055	DELOITTE & TOUCHE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERALD V. HALVORSEN 8018 QUARRY RIDGE WAY BETHESDA MD 20817	INTERSTATE NATURAL GAS ASSN. O		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,270.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY M. REINSORF 333 WEST 35TH STREET CHICAGO IL 60616	BAJER FINANCIAL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE EXECUTIVE	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JILL L. SIGAL 335 W. 71ST STREET NEW YORK NY 10023	JILL SIGAL ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/11/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN W. LAROCK 6728 BARON ROAD MCLEAN VA 22101	LAROCK ASSOCIATES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GOVT. REL. CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE SULLIVAN 185 E DELAWARE PLACE, # 6805 CHICAGO IL 60611	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRIVATE INVESTOR	05/28/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN B. BROCK, III 1201 LOUISIANA HOUSTON TX 77002	UMC PETROLEUM		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	05/04/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. BEAN 9917 BEAVER CREEK SHREVEPORT LA 71106	LA LIFT & EQUIPMENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/01/98	
	Aggregate Year-to-Date > \$	700.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. SHAVERS 10761 PLANTATION LANE GULFPORT MS 39503	JESCO CONSTRUCTION COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GENERAL CONTRACTOR	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,000.00

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> JOHN F. JONAS 5840 COLFAX AVENUE ALEXANDRIA VA 22311		<b>Name of Employer</b> PATON BOGGS, LLP	<b>Date (month, day, year)</b> 06/19/98	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ATTORNEY	<b>Aggregate Year-to-Date &gt; \$</b> 250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> JOHN GARAFOLA 700 SOUTH PETERS NEW ORLEANS LA 70130		<b>Name of Employer</b> STRATEGIC SURGICAL, LLC	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ANALYST	<b>Aggregate Year-to-Date &gt; \$</b> 250.00	250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> JOHN H. DENENEA, JR. 10117 STACY COURT RIVER RIDGE LA 70123		<b>Name of Employer</b> WIEDEMANN & WIEDEMANN	<b>Date (month, day, year)</b> 05/15/98	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ATTORNEY	<b>Aggregate Year-to-Date &gt; \$</b> 250.00	250.00
<b>D. Full Name, Mailing Address and ZIP Code</b> JOHN J. CORDARO 11 KINGS CANYON DRIVE NEW ORLEANS LA 70131		<b>Name of Employer</b> ENTERGY LOUISIANA	<b>Date (month, day, year)</b> 06/05/98	<b>Amount of Each Receipt this Period</b> 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> PRESIDENT	<b>Aggregate Year-to-Date &gt; \$</b> 250.00	250.00
<b>E. Full Name, Mailing Address and ZIP Code</b> JOHN J. HAYES 9634 S. LONGWOOD DRIVE CHICAGO IL 60643		<b>Name of Employer</b> PEDERSEN & HOUP	<b>Date (month, day, year)</b> 06/30/98	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> ATTORNEY	<b>Aggregate Year-to-Date &gt; \$</b> 500.00	500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> JOHN J. MELK 1500 LAKESHORE DRIVE CHICAGO IL 60610		<b>Name of Employer</b> H2O PLUS, INC.	<b>Date (month, day, year)</b> 06/08/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> CHAIRMAN	<b>Aggregate Year-to-Date &gt; \$</b> 1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> JOHN V. MCMILLAN POST OFFICE BOX 162869 FORT WORTH TX 76161		<b>Name of Employer</b> COORS BEER	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Occupation</b> WHOLESALE BEER DISTRIBUTOR	<b>Aggregate Year-to-Date &gt; \$</b> 500.00	500.00

**SUBTOTAL** of Receipts This Page (optional)..... 3,000.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JON L. CHEEK 9545 PITCH PINE DRIVE SHREVEPORT LA 71118	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JORGE MARTINEZ, M.D. 508 GUSTINE LANE SHREVEPORT LA 71106	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	05/27/98	
	Aggregate Year-to-Date > \$	300.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A. CONINO 1920 JEFFERSON HIGHWAY JEFFERSON LA 70121	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A. HAFNER, JR. POST OFFICE BOX 2636 HOUSTON TX 77252	RIVIANA FOODS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH M. RAULT, JR. 611 NORTHLINE METAIRIE LA 70005	RAULT RESOURCES, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OIL & GAS/REAL ESTATE	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOYCE KLEINBERG 224 W. HOBART GAP ROAD LIVINGSTON NJ 07039	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHIATRIST	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN BERGREEN 1060 PARK AVENUE NEW YORK NY 10128	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACTRESS	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 3,820.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN BERGREEN 1060 PARK AVENUE NEW YORK NY 10128	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACTRESS	06/10/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARIN GIGER 5503 HURST STREET NEW ORLEANS LA 70115	KARIN GIGER & ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS CONSULTANT	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN MOORE VICK 1235 WASHINGTON AVENUE NEW ORLEANS LA 70130	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MARKETING/PUBLIC RELATIONS	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH A. HEBEISEN 2828 WOODMERE COURT NORTHERBROOK IL 60062	CLIFFORD LAW OFFICES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLY R. FOSTER 524 CASTLEBRIDGE LANE BIRMINGHAM AL 35242			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLY R. FOSTER 524 CASTLEBRIDGE LANE BIRMINGHAM AL 35242			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH C. ROBBINS 1531 MARIA COURT WHEATON IL 60187	ILLINOIS HOSPITAL ASSOCIATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
SUBTOTAL of Receipts This Page (optional).....			4,750.00
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH E. SATTEN 4604 QUARTER CHARGE DRIVE ANNANDALE VA 22003	WILKINSON, BARKER, KNAUER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	06/30/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH L. BROWN 201 KINGMAN STREET METAIRIE LA 70002	BROWN, CUNNINGHAM & GANNUCH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH M. CARTER 1750 ST. CHARLES AVENUE NEW ORLEANS LA 70130	CARTER AND CATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. ANDREW TOLLIN 8032 LILLY STONE DRIVE BETHESDA MD 20817	WILKINSON, BARKER, KNAUER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	06/30/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. RONALD FORMAN 1806 PALMER AVENUE NEW ORLEANS LA 70118	AUDUBON INSTITUTE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAIRD D. BURNETT 6620 31ST PLACE, NW WASHINGTON DC 20015	KAISER PERMANENTE, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR LEGISLATIVE REP.	04/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY R. ROGERS 1355 S. CLARK STREET CHICAGO IL 60605	POWER, ROGERS & SMITH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 3,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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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)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> LAWRENCE B. FABACHER, II 365 CANAL STREET NEW ORLEANS LA 70113		Name of Employer SELF	Date (month, day, year) 05/22/98	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> LAWRENCE J. SUFFREDIN, JR. 444 N. MICHIGAN AVENUE CHICAGO IL 60611		Name of Employer SELF	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> LAWTON M. NEASE, III 5720 WINTERTHUR LANE, NW SANDY SPRINGS GA 30328		Name of Employer NEASE, LAGANA, EDEN & CULLEY	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INSURANCE	Aggregate Year-to-Date > \$ 800.00	800.00
<b>D. Full Name, Mailing Address and ZIP Code</b> LEE S. KREINDLER 100 PARK AVENUE NEW YORK NY 10017		Name of Employer KREINDLER & KREINDLER	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000.00	1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> LEO M. HENIKOFF, M.D. 601 S. LOOMIS CHICAGO IL 60607		Name of Employer ST. LUKE'S MEDICAL CENTER	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRESIDENT/CEO	Aggregate Year-to-Date > \$ 250.00	250.00
<b>F. Full Name, Mailing Address and ZIP Code</b> LEON TEMPELSMAN 529 FIFTH AVENUE NEW YORK NY 10017		Name of Employer SELF-EMPLOYED	Date (month, day, year) 04/27/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INVESTOR	Aggregate Year-to-Date > \$ 1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> LESLIE J. SCRUSHY 2406 LONGLEAF STREET BIRMINGHAM AL 35243		Name of Employer HEALTHSOUTH CORPORATION	Date (month, day, year) 05/08/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VICE-PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 4,800.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESLIE J. SCRUSHY 2406 LONGLEAF STREET BIRMINGHAM AL 35243	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESTER E. KABACOFF #2 POYDRAS NEW ORLEANS LA 70140	KAILES MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGING PARTNER	05/01/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA W. HART 3811 TURTLE CREEK BOULEVARD DALLAS TX 75219	THE HART GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-CHAIRMAN	05/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCIEN FLOURNOY POST OFFICE BOX 1578 ALICE TX 78333	FLOURNOY PRODUCTION COMPANY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/01/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCIEN FLOURNOY POST OFFICE BOX 1578 ALICE TX 78333	FLOURNOY PRODUCTION COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/01/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN S. WYATT NINE GREENWAY PLAZA HOUSTON TX 77046			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN S. WYATT NINE GREENWAY PLAZA HOUSTON TX 77046			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,750.00

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCELLA L. BENNETT 3732 SHADY COVE DRIVE BIRMINGHAM AL 35243	Occupation HOMEMAKER	05/08/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCELLA L. BENNETT 3732 SHADY COVE DRIVE BIRMINGHAM AL 35243	Occupation HOMEMAKER	05/08/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCIA C. CALHOUN POST OFFICE BOX 732 MANSFIELD LA 71052	Occupation SECRETARY/TREASURER	05/22/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARCIA C. CALHOUN POST OFFICE BOX 732 MANSFIELD LA 71052	Occupation SECRETARY/TREASURER	06/01/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,020.00	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGARET LOVE 3765 IVERNESS HOUSTON TX 77019	Occupation HOMEMAKER	05/22/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK GITENSTEIN 656 EAST CAPITOL STREET, NE WASHINGTON DC 20003	Occupation ATTORNEY	06/08/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK SULLIVAN 100 N. RIVERSIDE PLAZA CHICAGO IL 60611	Occupation VICE-PRESIDENT	05/28/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	385.31	385.31

SUBTOTAL of Receipts This Page (optional)..... 4,905.31

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA M. FUKAMI 2605 GREENLEAF WILMETTE IL 60091	POWER, ROGERS & SMITH		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA WINTERS GUARISCO 211 SENA DRIVE METAIRIE LA 70005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY N. MANN 9316 LUDGATE DRIVE ALEXANDRIA VA 22309	INTERNATIONAL PAPER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WASHINGTON REPRESENTATIVE	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATTHEW R. SIMMONS 1405 NORTH BOULEVARD HOUSTON TX 77006	SIMMONS & COMPANY, INTL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/22/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATTHEW R. SIMMONS 1405 NORTH BOULEVARD HOUSTON TX 77006	SIMMONS & COMPANY, INTL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/22/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAURICE SONNENBERG 45 EAST 66TH STREET NEW YORK NY 10021	SELF-EMPLOYED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAXINE E. FLOURNOY POST OFFICE BOX 1578 ALICE TX 78333	FLOURNOY PRODUCTION COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	05/01/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,000.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEGAN SMITH 117 ALDEN ROAD ALEXANDRIA VA 22308	THE FERGUSON GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	05/15/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MERRILL HAFNER POST OFFICE BOX 2636 HOUSTON TX 77252			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL A. ROMANSKY 7002 FLORIDA STREET CHEVY CHASE MD 20815	MCDERMOTT, WILL & EMERY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL I. SILVERBERG 358 COSEY BEACH AVENUE EAST HAVEN CT 06512	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	05/22/98	
	Aggregate Year-to-Date > \$	800.00	800.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. HOWLETT, JR. 2864 SHERIDAN PLACE EVANSTON IL 60201	SHEFSKY & HAUPT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL J. MADIGAN 30 NORTH LASALLE STREET CHICAGO IL 60602	MADIGAN & GETZENDANNER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL L. BARNETT POST OFFICE BOX 66616 BATON ROUGE LA 70896	THE BARNETT COMPANY, LLC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 4,050.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL R. FAYHEE 227 W. MONROE CHICAGO IL 60606	MCDERMOTT, WILL & EMERY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL R. HAVERTY 6410 WENONGA ROAD MISSION HILLS KS 66208	KANSAS CITY SOUTHERN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLEDGE A. HART, III 3811 TURTLE CREEK BOULEVARD DALLAS TX 75219	THE HART GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	05/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILLCENT FELLER 5533 POTOMAC AVENUE, NW WASHINGTON DC 20016	GANNETT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SENIOR VICE-PRESIDENT	05/11/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. ALFRED C. GLASSELL, JR. 3030 INWOOD HOUSTON TX 77019			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MURRAY W. VISER POST OFFICE BOX 1931 SHREVEPORT LA 71166	VISER INVESTMENTS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENTS	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N. HUNTER JOHNSTON 1455 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20004	JOHNSTON & ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 3,520.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY DIEFENTHAL 480 WOODVINE AVENUE METAIRIE LA 70005	Occupation HOMEMAKER	05/27/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY G. FIELDS 4503 QUEEN ELIZABETH CT., #163 ALEXANDRIA LA 71303	COMMUNITY BANK	04/05/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VOLUNTEER	04/05/98	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY P. DORN 4800 OLD DOMINION DRIVE ARLINGTON VA 22207	HOOPER, HOOPER, OWEN & GOULD	04/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	04/27/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEAL CULEE 221 EVELYN DRIVE LULING LA 70070	N/C MATERIALS, INC.	06/08/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	06/08/98	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEAL S. SIMON 224 W. HOBART GAP ROAD LIVINGSTON NJ 07039	ROSS UNIVERSITY	06/08/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	06/08/98	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOAH H. KUSHLEFSKY 100 PARK AVENUE NEW YORK NY 10017	KREINDLER & KREINDLER	06/30/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORM BEVAN 2777 ALLEN PARKWAY HOUSTON TX 77019	FIRST FINANCIAL RESOURCES	05/04/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	05/04/98	250.00
SUBTOTAL of Receipts This Page (optional).....			4,000.00
TOTAL This Period (last page this line number only).....			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN GOLD 10 SOUTH WACKER DRIVE CHICAGO IL 60606	ALTHEIMER & GRAY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSCAR S. WYATT, JR. NINE GREENWAY PLAZA HOUSTON TX 77046	THE COASTAL CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN & CEO	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OSCAR S. WYATT, JR. NINE GREENWAY PLAZA HOUSTON TX 77046	THE COASTAL CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN & CEO	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM FRIEDLER 1445 NASHVILLE AVENUE NEW ORLEANS LA 70115			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	05/29/98	
	Aggregate Year-to-Date > \$	600.00	600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM RYAN 1347 EXPOSITION BOULEVARD NEW ORLEANS LA 70118	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DESIGNER/DECORATOR/ART COLLECTOR	04/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK A. FOSTER 524 CASTLEBRIDGE LANE BIRMINGHAM AL 35242	HEALTHSOUTH CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - SURGERY DIVISION	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK A. FOSTER 524 CASTLEBRIDGE LANE BIRMINGHAM AL 35242	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - SURGERY DIVISION	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 5,850.00

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

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PAUL J. SINDERBRAND 6413 LAKEVIEW DRIVE FALLS CHURCH VA 22041		WILKINSON, BARKER, KNAUER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PARTNER	06/30/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PAUL S. QUINN 4 RENFREW PARK MIDDLETOWN RI 02840		WILKINSON, BARKER, KNAUER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PARTNER	06/30/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>C. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PEER PEDERSEN 161 NORTH CLARK STREET CHICAGO IL 60601		PEDERSEN & HOUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PARTNER	06/15/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PEGGY NICOLADIS 2750 LAKE VILLA DRIVE METAIRIE LA 70002				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOMEMAKER	05/04/98	
		Aggregate Year-to-Date > \$	750.00	250.00
<b>E. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PERRY R. BASS 201 MAIN STREET FORT WORTH TX 76102		THE BASS COMPANIES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INVESTOR	04/20/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PETE GEREN 500 THROCKMORTON, STE. 1400 FT. WORTH TX 76102		PUBLIC STRATEGIES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PARTNER	04/20/98	
		Aggregate Year-to-Date > \$	500.00	500.00
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
PETE GEREN 500 THROCKMORTON, STE. 1400 FT. WORTH TX 76102		PUBLIC STRATEGIES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PARTNER	04/20/98	
		Aggregate Year-to-Date > \$	1,000.00	500.00

**SUBTOTAL** of Receipts This Page (optional)..... 3,750.00

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

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breau Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER L. SEREDA 255 LINDEN PARK PLACE HIGHLAND PARK IL 60035	TDS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TREASURER	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP C. CALIAN 500 W. BARRY AVENUE CHICAGO IL 60657	AMERICAN CLASSIC VOYAGES CO.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESIDENT/CEO	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRES KABACOFF 210 BARONNE STREET NEW ORLEANS LA 70112	HISTORIC RESTORATION, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESIDENT	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRESTON GEREN 4200 S. HULEN FORT WORTH TX 76109	RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	04/20/98	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. PATRICK VANCE 1821 STATE STREET NEW ORLEANS LA 70118	JONES, WALKER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. PATRICK VANCE 1821 STATE STREET NEW ORLEANS LA 70118	JONES, WALKER ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	06/05/98	
	Aggregate Year-to-Date > \$	1,000.00	750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RALPH CAPITELLI 1100 POYDRAS STREET NEW ORLEANS LA 70163	CAPITELLI & WICKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

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

3,750.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RALPH P. FONTCUBERTA, JR 534 WILLIAMS BOULEVARD KENNER LA 70062	BFM CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT/LAND SURVEYER	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANDY J. UNGAR 5 TARA PLACE METAIRIE LA 70002	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/01/98	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RASHID A. CHAUDARY 3525 CASS COURT OAKBROOK IL 60523	RAANI CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND A. MASON 100 LIGHT STREET BALTIMORE MD 21202	LEGG MASON		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REBECCA L. ALLEN 10910 BRIDGEWOOD DRIVE HOUSTON TX 77024			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A. DEVINE 2236 W. PRATT BOULEVARD CHICAGO IL 60645	COOK COUNTY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STATES ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD COLE WATSON 9114 COVENT GARDEN HOUSTON TX 77031	COASTAL CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACCOUNTANT	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 4,250.00

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**NAME OF COMMITTEE (in Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD FAIN 700 ARVIDA PARKWAY CORAL GABLES FL 33156	ROYAL CARIBBEAN CRUISE LINES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/CEO	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD FAIN 700 ARVIDA PARKWAY CORAL GABLES FL 33156	ROYAL CARIBBEAN CRUISE LINES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN/CEO	06/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD FERDON 201 ORMOND BOULEVARD DESTREHAN LA 70047	LATTER & BLUM REALTORS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE BROKER	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD J. DODSON 17835 E. AUGUSTA BATON ROUGE LA 70810	DODSON & VIDRINE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. SCRUSHY 2406 LONGLEAF STREET BIRMINGHAM AL 35243	HEALTHSOUTH CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/CHAIRMAN	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. SCRUSHY 2406 LONGLEAF STREET BIRMINGHAM AL 35243	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/CHAIRMAN	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD S. FREEMAN 21 ENGLISH TURN DRIVE NEW ORLEANS LA 70131	TENET		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	04/27/98	
	Aggregate Year-to-Date > \$	250.00	250.00

**SUBTOTAL** of Receipts This Page (optional)..... 4,750.00

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John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD WEISS 1775 YORK AVENUE NEW YORK NY 10128	MILBER, WEISS, BERSHAD ET AL	04/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RIEMER CALHOUN, JR. POST OFFICE DRAWER 799 MANSFIELD LA 71052	CALHOUN BUILDERS, INC.	05/15/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE DEVELOPMENT	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A. HELMAN 4950 S. CHICAGO BEACH DRIVE CHICAGO IL 60615	MAYER, BROWN & PLATT	06/08/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT A. WALLNER 325 WEST END AVENUE NEW YORK NY 10023	MILBERG, WEISS, BERSHAD ET AL	04/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT C. J. DYMOND 806 PLUM TREE ROAD BARRINGTON HILLS IL 60010	ANGUS CHEMICAL COMPANY	06/08/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.E.O.	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT D. ARMSTRONG 1113 BOURBON NEW ORLEANS LA 70116	BURLINGTON RESOURCES	05/22/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CORPORATE AFFAIRS DIRECTOR	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT D. KRINSKY ONE PARK AVENUE NEW YORK NY 10016	THE SEGAL COMPANY	05/27/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... 3,450.00

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C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. FOWLER, JR. 30043 WAUKEGAN ROAD LAKE BLUFF IL 60044	IMC GLOBAL, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. THOMSON 101 INDIAN TRAIL INDIAN SPRINGS AL 35124	HEALTHSOUTH CORPORATION		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - OUT PATIENT DIVISION	05/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. THOMSON 101 INDIAN TRAIL INDIAN SPRINGS AL 35124	HEALTHSOUTH CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT - OUT PATIENT DIVISION	05/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. CALUDA 1340 POYDRAS STREET NEW ORLEANS LA 70112	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. SPRAGG 425 PARK AVENUE, SOUTH NEW YORK NY 10016	KREINDLER & KREINDLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT M. BECNEL 425 W. AIRLINE HIGHWAY LAPLACE LA 70068	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)..... 4,500.00

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



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT R. AILLET 184 PRESTON SHREVEPORT LA 71105	RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODNEY L. NORVILLE 5135 LONGMOUNT HOUSTON TX 77056	GK INTELLIGENCE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & CHIEF LEGAL COUNSEL	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODNEY L. NORVILLE 5135 LONGMOUNT HOUSTON TX 77056	GK INTELLIGENCE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & CHIEF LEGAL COUNSEL	04/27/98	
	Aggregate Year-to-Date > \$	1,500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER A. DEKAY 9947 BEAVER CREEK DRIVE SHREVEPORT LA 71106	SEALY & COMPANY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMMERCIAL REAL ESTATE	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER B. SUTTON 606 WEDGEDALE AVENUE GREENSBORO NC 27403	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE	05/08/98	
	Aggregate Year-to-Date > \$	800.00	800.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER J. KILEY, JR. 1412-E W. WRIGHTWOOD CHICAGO IL 60614	MAYER, BROWN & PLATT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD J. MURPHY 314 N. POST OAK LANE HOUSTON TX 77024	VENTURE TRANSPORT, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-CHAIRMAN & CEO	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 3,840.00

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

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breau Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
RUBY E. NOBLE POST OFFICE BOX 8857 METAIRIE LA 70011		SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY/BUSINESS OWNER	06/05/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>B. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SALLY THOMSON 101 INDIAN TRAIL INDIAN SPRINGS AL 35124				
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOMEMAKER	05/08/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SALLY THOMSON 101 INDIAN TRAIL INDIAN SPRINGS AL 35124				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOMEMAKER	05/08/98	
		Aggregate Year-to-Date > \$	2,000.00	1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SALVATORE D'ANGELO 4953 FOLSE DRIVE METAIRIE LA 70002		RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	04/27/98	
		Aggregate Year-to-Date > \$	250.00	250.00
<b>E. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SALVATORE D'ANGELO 4953 FOLSE DRIVE METAIRIE LA 70002		RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	06/10/98	
		Aggregate Year-to-Date > \$	500.00	250.00
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SAMUEL ZELL 2 N. RIVERSIDE PLAZA CHICAGO IL 60606		EQUITY GROUP INVESTMENTS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CHAIRMAN	06/08/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
SANFORD P. DUMAIN 444 E. 86TH STREET NEW YORK NY 10028		MILBERG, WEISS, BERSHAD ET AL		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY/PARTNER	04/27/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 4,750.00

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

7 3 0 0 1 4 2 0 9 7

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHELBY P. LASALLE, JR. POST OFFICE BOX 19688 NEW ORLEANS LA 70179	KREBS, LASALLE, LEMIEUX		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT/CEO	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANTON DOSSETT, II 822 MONROVIA SHREVEPORT LA 71106	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation APARTMENT MANAGEMENT	05/15/98	
	Aggregate Year-to-Date > \$	1,200.00	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN B. MURRAY 28 ENGLISH TURN DRIVE NEW ORLEANS LA 70131	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN R. POUNIAN 100 PARK AVENUE NEW YORK NY 10017	KREINDLER & KREINDLER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN V. POWER 344 W. WELLINGTON AVENUE CHICAGO IL 60657			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. CAREY WICKER, III 1100 POYDRAS STREET NEW ORLEANS LA 70163	CAPITELLI & WICKER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T. J. (BUTCH) WARD 428 TIMBERLANE DRIVE GRETN LA 70056	T. JERARD WARD, GEN. CONTRCTRS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/PRESIDENT	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 4,700.00

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERENCE JOHN O'REILLY 2500 SAND HILL ROAD MENLO PARK CA 94025	O'REILLY & COLLINS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/01/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY C. DAVIS 1046 ONTARIO SHREVEPORT LA 71106	LSU - MEDICAL CENTER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS A. COLE 1 FIRST NATIONAL PLAZA CHICAGO IL 60603	SIDLEY & AUSTIN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS F. RYAN 330 DIVERSEY PARKWAY CHICAGO IL 60657	SIDLEY & AUSTIN		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS H. MOORE 2064 GOLF COURSE DRIVE RESTON VA 20191	US CONSUMER PROD. SAFETY COMM.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMMISSIONER	06/15/98	
	Aggregate Year-to-Date > \$	350.00	350.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS K. BERGREEN 401 EAST 81ST STREET NEW YORK NY 10028	THE RESOURCE GROUP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMPLOYMENT OFFICE	06/10/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS K. BERGREEN 401 EAST 81ST STREET NEW YORK NY 10028	THE RESOURCE GROUP		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EMPLOYMENT OFFICE	06/10/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 3,620.00

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> THOMAS P. COFFEY 54 W. HUBBARD STREET CHICAGO IL 60610 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer HAYMARKET GROUP Occupation PARTNER/CONSULTANT Aggregate Year-to-Date > \$	Date (month, day, year) 06/08/98 250.00	Amount of Each Receipt this Period 250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> THOMAS V. WILLIAMS 4408 RANCH VIEW ROAD FORT WORTH TX 76109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer HAYNES & BOONE Occupation ATTORNEY/PARTNER Aggregate Year-to-Date > \$	Date (month, day, year) 05/04/98 250.00	Amount of Each Receipt this Period 250.00
<b>C. Full Name, Mailing Address and ZIP Code</b> TIMOTHY J. WATERS 5833 UPTON STREET MCLEAN VA 22101 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer MCDERMOTT, WILL & EMERY Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 06/30/98 500.00	Amount of Each Receipt this Period 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> TIMOTHY S. BERGREEN 5134 WORTHINGTON DRIVE BESTHESDA MD 20816 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer PENN, SCHOEN, BERLAND Occupation ATTORNEY/CONSULTANT Aggregate Year-to-Date > \$	Date (month, day, year) 06/10/98 1,000.00	Amount of Each Receipt this Period 1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> TIMOTHY S. BERGREEN 5134 WORTHINGTON DRIVE BESTHESDA MD 20816 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer PENN, SCHOEN, BERLAND Occupation ATTORNEY/CONSULTANT Aggregate Year-to-Date > \$	Date (month, day, year) 06/10/98 2,000.00	Amount of Each Receipt this Period 1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> TIMOTHY X. MOORE 2900 M STREET, NW WASHINGTON DC 20009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation GOVT. RELATIONS CONSULTANT Aggregate Year-to-Date > \$	Date (month, day, year) 05/15/98 250.00	Amount of Each Receipt this Period 250.00
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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).....

3,250.00

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

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRAVIS A. MILLER 6756 NORTH CLUB CIRCLE SHREVEPORT LA 71107	T. A. MILLER, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEVELOPER	06/30/98	
	Aggregate Year-to-Date > \$	240.00	40.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TROY E. BAIN 1540 IRVING PLACE SHREVEPORT LA 71101	WILLIAMS & WILLIAMS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/27/98	
	Aggregate Year-to-Date > \$	600.00	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TROY E. BAIN 1540 IRVING PLACE SHREVEPORT LA 71101	WILLIAMS & WILLIAMS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	620.00	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TROY H. LAGRONE 529 MAGNOLIA DENTON TX 76201	BEN E. KEITH BEERS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	04/20/98	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UJJAL DASGUPTA 18 RUE BAYONNE KENNER LA 70065	ECM CONSULTANTS, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT J. GETZENDANNER 30 NORTH LASALLE STREET CHICAGO IL 60602	WADIGAN & GETZENDANNER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

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

2,410.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. BRANTLEY ANDERSON 434 ONTARIO SHREVEPORT LA 71106	ANDERSON OIL & GAS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER E. BLESSEY, JR. 1515 RIVER OAKS ROAD EAST HARAHAN LA 70123	BLESSEY ENTERPRISES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	06/08/98	
	Aggregate Year-to-Date > \$	250.00	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER F. CLAWSON 400 TRAVIS STREET SHREVEPORT LA 71101	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/01/98	
	Aggregate Year-to-Date > \$	220.00	20.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER J. LEGER, JR. 600 CARONDELET STREET NEW ORLEANS LA 70130	LEGER AND MESTOYER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARREN L. ROSS 6 FLEET COURT NORTHPORT NY 11768	ROSS UNIVERSITY		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATIVE ASSISTANT	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WARREN L. ROSS 6 FLEET COURT NORTHPORT NY 11768	ROSS UNIVERSITY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATIVE ASSISTANT	06/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDELL F. BUECHE 3900 S. MISSION HILLS ROAD NORTHBROOK IL 60062	IMC GLOBAL, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN OF THE BOARD	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 2,665.00

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

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDELL H. GAUTHIER 3500 NORTH HULLEN STREET METAIRIE LA 70002	GAUTHIER, DOWNING ET AL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WESLEY JAY GIBSON 1 CHARLESTON ROAD HINSDALE IL 60521	GIBSON & ASSOCIATES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGEMENT CONSULTANTS	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM A. MEAUX 10899 FEATHERFIELD COURT FAIRFAX VA 22030	ICI AMERICAS, INC.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER, LEGISLATIVE ISSUES	05/15/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM B. BARNETT, II POST OFFICE BOX 566 HARVEY LA 70059	BMI		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	06/05/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM BREWER, III 1717 MAIN STREET DALLAS TX 75201	BICKEL & BREWER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/PARTNER	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM C. GAMBEL 909 POYDRAS STREET NEW ORLEANS LA 70112	MILLING, BENSON, WOODWARD, LLP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	05/29/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM FARLEY 233 S. WACKER DRIVE CHICAGO IL 60606	FARLEY INDUSTRIES		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN ON THE BOARD	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional).....			4,000.00
TOTAL This Period (last page this line number only).....			



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## ITEMIZED RECEIPTS

Use separated schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM FARLEY 233 S. WACKER DRIVE CHICAGO IL 60606	FARLEY INDUSTRIES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN ON THE BOARD	06/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM H. G. FITZGERALD 1730 RHODE ISLAND AVE., NW WASHINGTON DC 20036	US GOVERNMENT		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation US AMBASSADOR	04/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM MARK LOW 7427 CROFTON DALLAS TX 75231	ARTHUR ANDERSEN, LLP		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AUDIT PARTNER	04/20/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM P. HOBBY POST OFFICE BOX 326 HOUSTON TX 77001	HOBBY COMMUNICATIONS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM P. HOBBY POST OFFICE BOX 326 HOUSTON TX 77001	HOBBY COMMUNICATIONS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	04/27/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM W. RUCKS, IV POST OFFICE BOX 51967 LAFAYETTE LA 70505	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENTS	05/22/98	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional).....			4,750.00
TOTAL This Period (last page this line number only).....			207,831.36

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>ARLENA ACREE</b> <b>7516 KEMPTON PARK DRIVE</b> <b>SHREVEPORT LA 71129</b>	Name of Employer <b>CAREER ADVENTURES, INC.</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/OWNER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>ARLENA ACREE</b> <b>7516 KEMPTON PARK DRIVE</b> <b>SHREVEPORT LA 71129</b>	Name of Employer <b>CAREER ADVENTURES, INC.</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/OWNER</b>	Aggregate Year-to-Date > <b>\$120.00</b>	
Full Name, Mailing Address and ZIP Code <b>P. MICHAEL ADKINS</b> <b>416 DUNMORELAND CIRCLE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LARRY THOMPSON &amp; ASSOCIATES</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INVESTMENT CONSULTANT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>EARL ADLER</b> <b>180-A MAIN STREET</b> <b>FORT LEE NJ 07024-6999</b>	Name of Employer <b>EACO, INC.</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROBERT R. AILLET</b> <b>184 PRESTON</b> <b>SHREVEPORT LA 71105-3306</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHNNY L. ALEXANDER</b> <b>2628 S. BIRCHFIELD DRIVE</b> <b>HARVEY LA 70058</b>	Name of Employer	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$15.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <b>\$15.00</b>	
Full Name, Mailing Address and ZIP Code <b>W. BRANTLEY ANDERSON</b> <b>434 ONTARIO</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>ANDERSON OIL &amp; GAS</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$735.00</b>
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated  
schedule(s) for each  
category of the Detailed  
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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>W. BRANTLEY ANDERSON</b> <b>434 ONTARIO</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>ANDERSON OIL &amp; GAS</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>LEWIS ARNO</b> <b>182 TAMARACK CIRCLE</b> <b>SKILLMAN NJ 08558</b>	Name of Employer <b>FINANCIAL PLANNING ANALYSTS</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>SCOTTY AULDS</b> <b>ROUTE 5, BOX 516C</b> <b>FARMERVILLE LA 71241</b>	Name of Employer <b>LA WALKING HORSE ASSOCIATION</b>	Date (month, day, year) <b>6/26/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>WILLIAM M. AYERS</b> <b>1539 WASHINGTON AVENUE</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>CHAPARRAL STEVEDORING CORP.</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$75.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SHIP AGENT, STEVEDORE, &amp; TERM. OPER</b>	Aggregate Year-to-Date > <b>\$75.00</b>	
Full Name, Mailing Address and ZIP Code <b>HELEN C. BADT</b> <b>241 WEDGEWOOD DRIVE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>HOYT D. BAIN</b> <b>7354 CAMELBACK DRIVE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>VINTAGE REALTY CO.</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REAL ESTATE DEVELOPER</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
Full Name, Mailing Address and ZIP Code <b>GILBERT J. BAKER</b> <b>1300 POST OAK BOULEVARD</b> <b>HOUSTON TX 77056</b>	Name of Employer <b>THE AFP GROUP</b>	Date (month, day, year) <b>4/17/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHAIRMAN</b>	Aggregate Year-to-Date > <b>\$200.00</b>	

**SUBTOTAL of Receipts This Page (optional)** ..... **\$825.00**  
**TOTAL This Period (last page this line number only)** .....

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## ITEMIZED RECEIPTS

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schedule(s) for each  
category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>GUY E. BAKER</b> <b>1001 DOVE STREET</b> <b>NEWPORT BEACH CA 92660</b>	Name of Employer <b>BTA ADVISORY GROUP</b>	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MANAGING DIRECTOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOSEPH A. BARRECA</b> <b>774 CRYSTAL</b> <b>NEW ORLEANS LA 70124</b>	Name of Employer	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>GREG BARRO</b> <b>400 TRAVIS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$20.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHN E. BEAN</b> <b>9917 BEAVER CREEK</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LA LIFT &amp; EQUIPMENT</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>KATHRYN W. BECNEL</b> <b>127 HOMESTEAD AVENUE</b> <b>METAIRIE LA 70005</b>	Name of Employer <b>DEPT. OF JUSTICE</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>DANIEL BECNEL, III</b> <b>127 HOMESTEAD AVENUE</b> <b>METAIRIE LA 70005</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROBERT BELL</b> <b>1775 K STREET, NW</b> <b>WASHINGTON DC 20006</b>	Name of Employer <b>WILEY, REIN &amp; FIELDING</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$845.00</b>
TOTAL This Period (last page this line number only)			

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>J. SCOTT BICKNELL</b> <b>3228 FAIRFIELD AVENUE</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>LSU MEDICAL CENTER</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DOCTOR</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>MARY D. BICKNELL</b> <b>3228 FAIRFIELD AVENUE</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>COOK, YANCEY, KING &amp; GALLOWAY</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>HANK BIEDENHARN</b> <b>499 HIGHWAY 3033</b> <b>WEST MONROE LA 71252</b>	Name of Employer <b>DELTA AIR LINES, INC.</b>	Date (month, day, year) <b>6/12/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BUSINESSMAN</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>JOHN BIRD</b> <b>115 CHELSEA DRIVE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>STYRON ENGRAVING CO.</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>WALTER E. BLESSEY, JR.</b> <b>1515 RIVER OAKS ROAD EAST</b> <b>HARAHAN LA 70123</b>	Name of Employer <b>BLESSEY ENTERPRISES</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>E. W. BLUEMLY, JR.</b> <b>1000 URBAN CENTER DRIVE</b> <b>BIRMINGHAM AL 35242-2515</b>	Name of Employer <b>EQUITABLE</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>THOMAS A. BOGGS</b> <b>POST OFFICE BOX 186</b> <b>PLAIN DEALING LA 71064-0186</b>	Name of Employer <b>PEOPLES BANK &amp; TRUST COMPANY</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BANKER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$875.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>GAY LYNN BOND</b> <b>684 HORSEHOE BEND ROAD</b> <b>DOYLINE LA 71023</b>	Name of Employer <b>GRAMBLING STATE UNIVERSITY</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR, FIELD INSTRUCTOR</b>	Aggregate Year-to-Date > <b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>DANIEL S. BORNE</b> <b>5754 FORSYTHIA AVENUE</b> <b>BATON ROUGE LA 70808</b>	Name of Employer <b>LA CHEMICAL ASSOCIATION</b>	Date (month, day, year) <b>4/20/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>DANIEL S. BORNE</b> <b>5754 FORSYTHIA AVENUE</b> <b>BATON ROUGE LA 70808</b>	Name of Employer <b>LA CHEMICAL ASSOCIATION</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>JULIA G. BOUNDS, CRNA</b> <b>4720 AVRON BOULEVARD</b> <b>METAIRIE LA 70006-1150</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/12/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CERTIFIED REG. NURSE ANESTHETIST</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>RICHARD J. BRENNAN</b> <b>605 CANAL STREET</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>PALACE CAFE</b>	Date (month, day, year) <b>5/1/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RESTURATEUR</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>JACK E. BRESCH</b> <b>20120 DARLINGTON DRIVE</b> <b>GAITHERSBURG MD 20879</b>	Name of Employer <b>CATHOLIC HEALTH ASSOCIATION</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GOVERNMENT AFFAIRS DIRECTOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>PETER C. BROWNE</b> <b>10 OLD JACKSON AVENUE, 14</b> <b>HASTINGS ON HUDSON NY 10706</b>	Name of Employer <b>PRICE, RAFFEL, &amp; BROWNE</b>	Date (month, day, year) <b>6/22/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$775.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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 schedule(s) for each  
 category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>DEAN K. BRUCH</b> <b>316 SOUTHERN ROAD</b> <b>RIVER RIDGE LA 70123-2069</b>	Name of Employer <b>SRCR</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MARINE CONSULTANT</b>	<b>5/27/98</b>	
	Aggregate Year-to-Date >	<b>\$25.00</b>	<b>\$25.00</b>
Full Name, Mailing Address and ZIP Code <b>CLOVIS S. BURCH</b> <b>526 RIVES PLAVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>MEDIC PHARMACY</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHARMACIST/OWNER</b>	<b>6/1/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>PAUL M. BURCH</b> <b>7832 MARY EVE ROAD</b> <b>SHREVEPORT LA 71106-6017</b>	Name of Employer <b>MERRILL LYNCH</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL CONSULTANT</b>	<b>6/1/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>A. K. BUSADA</b> <b>514 DUNMORELAND DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>BUSADA INDUSTRIES, INC.</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE</b>	<b>5/29/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>BRUCE A. BUSADA</b> <b>1530 WHITEHALL DRIVE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>DIESEL DRIVING ACADEMY</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	<b>5/29/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>G. BARRY BUSADA</b> <b>526 ROCK HOLLOW DRIVE</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>BUSADA INDUSTRIES, INC.</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE-PRESIDENT</b>	<b>5/29/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>MICHAEL BUSHNELL</b> <b>POST OFFICE BOX 850632</b> <b>NEW ORLEANS LA 70185-0632</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MARINE CONSULTANT</b>	<b>5/27/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$725.00</b>
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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schedule(s) for each  
category of the Detailed  
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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>RIEMER CALHOUN, JR.</b> <b>POST OFFICE DRAWER 799</b> <b>MANSFIELD LA 71052-0799</b>	Name of Employer <b>CALHOUN BUILDERS, INC.</b>	Date (month, day, year)  <b>5/4/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REAL ESTATE DEVELOPMENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>CHRISTOPHER G. CAMPBELL</b> <b>479 RAILBACK ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VENTURE/INVESTMENT CAPITAL</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>RICK LANE CANDLER</b> <b>505 S. VIENNA</b> <b>RUSTON LA 71270</b>	Name of Employer <b>SELF</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$10.00</b>	
Full Name, Mailing Address and ZIP Code <b>PAUL CARMOUCHE</b> <b>912 KINGS HIGHWAY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>1ST JUDICIAL DISTRICT</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DISTRICT ATTORNEY</b>	Aggregate Year-to-Date > <b>\$20.00</b>	
Full Name, Mailing Address and ZIP Code <b>RICHARD J. CARNEY</b> <b>POST OFFICE BOX 12888</b> <b>SALEM OR 97309</b>	Name of Employer <b>SELF</b>	Date (month, day, year)  <b>4/20/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>C. DEWITT CARUTHERS</b> <b>618 DUDLEY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>SELF</b>	Date (month, day, year)  <b>5/22/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OIL &amp; GAS</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>GREGORY C. CHAMPAGNE</b> <b>308 BEAUPRE</b> <b>LULING LA 70070</b>	Name of Employer <b>ST. CHARLES PARISH</b>	Date (month, day, year)  <b>6/8/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SHERIFF</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional) .....			<b>\$930.00</b>
TOTAL This Period (last page this line number only) .....			



## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breau Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>VERNON CHANCE, JR.</b> <b>430 LLOYD LANE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>MILTON C. CHAPMAN, M.D.</b> <b>ONE SAINT MARY PLACE</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SCHUMPERT HOSPITAL</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>MERRITT B. CHASTAIN, JR.</b> <b>330 CORINNE CIRCLE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SMITHERMAN, LUNN &amp; CHASTAIN</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JON L. CHEEK</b> <b>9545 PITCH PINE DRIVE</b> <b>SHREVEPORT LA 71118</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>W. ALVIN CHILDS, JR.</b> <b>505 TRAVIS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>VINTAGE REALTY</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REAL ESTATE</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JAMES E. CLARK</b> <b>416 TRAVIS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JAMES R. CLARY, JR.</b> <b>762 HIGHWAY 68</b> <b>JACKSON LA 70748</b>	Name of Employer <b>CLARY LAW FIRM</b>	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,025.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>WALTER F. CLAWSON</b> <b>400 TRAVIS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>WILLIAM R. COENEN, JR.</b> <b>108 COURTHOUSE SQUARE</b> <b>RAYVILLE LA 71269</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>SIDNEY E. COOK, JR.</b> <b>POST OFFICE BOX 22260</b> <b>SHREVEPORT LA 71120-2260</b>	Name of Employer <b>COOK, YANCEY, KING &amp; GALLOWAY</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>GLENDIA COOPER</b> <b>10200 ELLERBE ROAD</b> <b>SHREVEPORT LA 71106-7708</b>	Name of Employer <b>LA ENDOWMENT FOR HUMANITIES</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHAIR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>ALBERT S. COOPER, JR.</b> <b>3413 CLIFFORD DRIVE</b> <b>METAIRIE LA 70002</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
Full Name, Mailing Address and ZIP Code <b>DEWEY W. CORLEY</b> <b>333 TEXAS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BUSINESS</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>IRVY E. COSSE, JR.</b> <b>1130 ST. CHARLES AVENUE</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>SEELIG, COSSE ET AL</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$950.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>BOBBY L. CULPEPPER</b> <b>525 EAST COURT AVENUE</b> <b>JONESBORO LA 71251</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY/REAL ESTATE BROKER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>TERRY C. DAVIS</b> <b>1046 ONTARIO</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LSU - MEDICAL CENTER</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PROFESSOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>M. BRYAN DAY</b> <b>715 DUDLEY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>WILLIS-KNIGHTON HEALTH SYSTEMS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE-PRESIDENT/HOSP. ADMINISTRATOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>M. BRYAN DAY</b> <b>715 DUDLEY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>WILLIS-KNIGHTON HEALTH SYSTEMS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE-PRESIDENT/HOSP. ADMINISTRATOR</b>	Aggregate Year-to-Date > <b>\$110.00</b>	
Full Name, Mailing Address and ZIP Code <b>J. L. DE CHAZAL</b> <b>54 CHATEAU LATOUR DRIVE</b> <b>KENNER LA 70065</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROGER A. DEKAY</b> <b>9947 BEAVER CREEK DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SEALY &amp; COMPANY</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>COMMERCIAL REAL ESTATE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JIMMY N. DIMOS</b> <b>1216 STUBBS</b> <b>MONROE LA 71201</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$910.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>FELICIA DITTA</b> <b>501 FAIRMONT STREET</b> <b>HARVEY LA 70058</b>	Name of Employer <b>J. CARLO DITTA, INC.</b>	Date (month, day, year) <b>6/26/98</b>	Amount of Each Receipt this period <b>\$150.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE</b>	Aggregate Year-to-Date > <b>\$150.00</b>	
Full Name, Mailing Address and ZIP Code <b>WILLIAM E. DORROH</b> <b>POST OFFICE BOX 232</b> <b>MANSFIELD LA 71052</b>	Name of Employer <b>COMMUNITY BANK OF LOUISIANA</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JENNIFER B. DRAGO</b> <b>118 ARTHUR AVENUE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>JONES, MITCHELL &amp; BURCH</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>BONNIE ENNIS DUBIN</b> <b>5414 PAMPUS</b> <b>BOSSIER CITY LA 71112</b>	Name of Employer <b>BANNERS PLUS</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>BONNIE ENNIS DUBIN</b> <b>5414 PAMPUS</b> <b>BOSSIER CITY LA 71112</b>	Name of Employer <b>BANNERS PLUS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$110.00</b>	
Full Name, Mailing Address and ZIP Code <b>STEPHANIE D. EDMISTON</b> <b>1001 BAY RIDGE DRIVE</b> <b>BENTON LA 71006</b>	Name of Employer <b>SEIFORD DISCOVERY CENTER</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE-PRESIDENT OF DEVELOPMENT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROBERT R. EDWARDS</b> <b>8532 NORTH PARK PLACE</b> <b>SHREVEPORT LA 71107</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL ADVISOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$860.00</b>
TOTAL This Period (last page this line number only)			

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>NATHANIEL EMMONS</b> <b>1776 K STREET, NW</b> <b>WASHINGTON DC 20006</b>	Name of Employer <b>WILEY, REIN &amp; FIELDING</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	<b>6/8/98</b>	
	Aggregate Year-to-Date >	<b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>ELIZABETH A. ENGMAN</b> <b>504 DUDLEY DRIVE</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>GLOBE TRAVEL</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>TRAVEL AGENT</b>	<b>5/27/98</b>	
	Aggregate Year-to-Date >	<b>\$5.00</b>	<b>\$5.00</b>
Full Name, Mailing Address and ZIP Code <b>LOIS ENNIS</b> <b>5835 LOVERS LANE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL SERVICES</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>LOIS ENNIS</b> <b>5835 LOVERS LANE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL SERVICES</b>	<b>6/1/98</b>	
	Aggregate Year-to-Date >	<b>\$110.00</b>	<b>\$10.00</b>
Full Name, Mailing Address and ZIP Code <b>NEIL T. ERWIN</b> <b>510 LINDEN</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>WEINER, WEISS &amp; MADISON</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	<b>5/15/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>NEIL T. ERWIN</b> <b>510 LINDEN</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>WEINER, WEISS &amp; MADISON</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	<b>6/1/98</b>	
	Aggregate Year-to-Date >	<b>\$140.00</b>	<b>\$40.00</b>
Full Name, Mailing Address and ZIP Code <b>PETER R. FLOWERS</b> <b>POST OFFICE BOX 2136</b> <b>SHREVEPORT LA 71166-2136</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$505.00</b>
TOTAL This Period (last page this line number only)			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>FRANK A. FLYNN</b> <b>POST OFFICE BOX 3768</b> <b>LAFAYETTE LA 70502-3768</b>	Name of Employer <b>ALLEN AND GOOCH</b>	Date (month, day, year) <b>4/9/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>JAMES L. FORTSON, ESQ.</b> <b>POST OFFICE BOX 7691</b> <b>SHREVEPORT LA 71137-7691</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>WILLIAM C. FOSTER</b> <b>2550 M STREET, NW</b> <b>WASHINGTON DC 20037</b>	Name of Employer <b>PATTON BOGGS, LLP</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>CLEMENT WADE FOX, M.D.</b> <b>306 GLEN ERICA</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JANIE BLACK FOX, M.D.</b> <b>306 GLEN ERICA</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SCHUMPERT</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHN FRANKS</b> <b>POST OFFICE BOX 7665</b> <b>SHREVEPORT LA 71137-7665</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/4/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INVESTOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHN M. FRAZIER</b> <b>POST OFFICE BOX 404</b> <b>SHREVEPORT LA 71162-0404</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,025.00</b>
TOTAL This Period (last page this line number only)			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>JEANNIE C. FREY</b> <b>2539 LAWNDALE AVENUE</b> <b>EVANSTON IL 60201</b>	Name of Employer <b>MCDERMOTT, WILL &amp; EMERY</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>ALAN B. FREYER</b> <b>300 BUTTONWOOD CIRCLE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>PENZOIL</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SALES</b>	Aggregate Year-to-Date > <b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>REUBEN I. FRIEDMAN</b> <b>993 CRYSTAL STREET</b> <b>NEW ORLEANS LA 70124</b>	Name of Employer <b>SESSIONS &amp; FISHMAN</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>CHRISTY H. GALLEGOS</b> <b>282 CARROLLTON AVENUE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>RICHARD J. GALLOT, JR.</b> <b>POST OFFICE BOX 1117</b> <b>RUSTON LA 71273-1117</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>KEITH M. GAMBLE</b> <b>339 BRINGIER PLACE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>GAMBLE GUEST CARE CORP.</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>NURSING HOME BUSINESS</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>DAVID A. GARBER</b> <b>6743 E. CAMINO PRINCIPAL</b> <b>TUCSON AZ 85715</b>	Name of Employer	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$775.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>J. DAVID GARRETT</b> <b>526 CUMBERLAND DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>BLANCHARD, WALKER ET AL</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>JEANETTE G. GARRETT</b> <b>526 CUMBERLAND DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>GIDDENS &amp; GARRETT</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>STEPHEN A. GLASSELL</b> <b>754 SLATTERY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>WHITMEYER &amp; GLASSELL</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>WESLEY D. GLASSELL</b> <b>4740 RICHMOND</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>ARTHUR A. GONZALEZ</b> <b>1210 REMINGTON CIRCLE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SCHUMPERT HEALTH SYSTEMS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/CEO</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>JOHN E. GOODE, JR.</b> <b>POST OFFICE BOX 6633</b> <b>SHREVEPORT LA 71146-6633</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>SYLVIA K. GOODMAN</b> <b>409 SOUTHFIELD ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer	Date (month, day, year) <b>5/11/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>HOMEMAKER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$1,100.00</b>
TOTAL This Period (last page this line number only)			



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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>JOSEPH M. GORDON</b> <b>8317 STRYKER COURT</b> <b>RALEIGH NC 27615</b>	Name of Employer <b>PRAXIS CONSULTING, INC.</b>	Date (month, day, year) <b>5/4/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>CAROLYN B. GRAY</b> <b>217 GLADSTONE BOULEVARD</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>RAGAN GREEN, JR., MD</b> <b>7235 GILBERT DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ORTHOPEDIC SURGEON</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>ROBERT B. HAMM</b> <b>330 PIERREMONT ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>BERG, INC.</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MECHANICAL CONTRACTOR</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>PATRICIA T. HARPER</b> <b>9830 JENNIFER LANE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SCHUMPERT MEDICAL CENTER</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GOVT. RELATIONS</b>		
	Aggregate Year-to-Date >	<b>\$70.00</b>	<b>\$70.00</b>
Full Name, Mailing Address and ZIP Code <b>MONTE J. HARRICK</b> <b>1503B CREEKSIDE COURT</b> <b>PASADENA CA 91107</b>	Name of Employer <b>COMPENSATION RESOURCE GROUP</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE-PRESIDENT</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>RONNIE C. HARRIS</b> <b>POST OFFICE BOX 261</b> <b>GRETNLA LA 70054</b>	Name of Employer <b>CITY OF GRETNLA</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MAYOR</b>		
	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$1,195.00</b>
TOTAL This Period (last page this line number only)			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>DON HATHAWAY</b> <b>501 TEXAS</b> <b>SHREVEPORT LA 71101-5410</b>	Name of Employer <b>CADDO PARISH</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>SHERIFF</b>	<b>6/1/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$20.00</b>	<b>\$20.00</b>
Full Name, Mailing Address and ZIP Code <b>DONALD E. HATHAWAY, JR.</b> <b>532 MONROVIA STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>CADDO PARISH DISTRICT ATTORNEY</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>ATTORNEY</b>	<b>5/27/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>DONALD R. HEBERT</b> <b>627 OCKLEY DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>WILLIS KNIGHTON MEDICAL CENTER</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>C.O.O.</b>	<b>5/15/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>KATHERINE HENNESSEY</b> <b>741 LIVINGSTON AVENUE</b> <b>SHREVEPORT LA 71107</b>	Name of Employer <b>WTENER, WEISS, MADISON ET AL</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>ATTORNEY</b>	<b>6/1/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>KEITH HIGHTOWER</b> <b>6132 RIVER ROAD</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>BUSINESSMAN</b>	<b>6/1/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>LEWIS W. HOLBROOK</b> <b>BOX 805</b> <b>VIVIAN LA 71082-0805</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>RETIRED</b>	<b>6/1/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>MILDRED Z. HOLBROOK</b> <b>BOX 805</b> <b>VIVIAN LA 71082-0805</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year)	Amount of Each Receipt this period
Occupation <b>RETIRED</b>	<b>6/1/98</b>		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$920.00</b>
TOTAL This Period (last page this line number only)			

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## ITEMIZED RECEIPTS

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schedule(s) for each  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>TRAVIS HOLLEY</b> <b>POST OFFICE BOX 590</b> <b>BASTROP LA 71221-0590</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>CHARLTON C. HOLMES</b> <b>1023 SHREVEPORT BARKSDALE HWY.</b> <b>SHREVEPORT LA 71105-2356</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AUTOMOBILE DEALER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JAMES FLEET HOWELL</b> <b>401 EDWARDS STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>PERCY V. HUBBARD</b> <b>5075 SWAN LAKE ROAD</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHN B. HUSSEY</b> <b>7125 GILBERT DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SCHUMPERT HEALTH SYSTEM</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>HOSPITAL ADMINISTRATOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>PENNY S. ILES</b> <b>9389 PRESTONWOOD</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>LIFECARE MANAGEMENT</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GRAPHICS/MARKETING SERVICES</b>	Aggregate Year-to-Date > <b>\$20.00</b>	
Full Name, Mailing Address and ZIP Code <b>LYNTON B. IRISH, JR.</b> <b>11160 MAGNOLIA GLEN</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>IRISH ENVIRONMENTAL GROUP</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ENGINEER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,020.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>CATHERINE JACOBS</b> <b>5702 WOOD RIDGE DRIVE</b> <b>SHREVEPORT LA 71119</b>	Name of Employer <b>LINCOLN FINANCIAL ADVISORS</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>STOCK BROKER/FINANCIAL PLANNER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>A. S. JOHNSON</b> <b>749 HURON</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>BERNARD S. JOHNSON</b> <b>7604 CRESWELL</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>COOK, YANCEY, KING &amp; GALLOWAY</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>ROBERT O. JOHNSON</b> <b>1416 W. MARIA</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>ROBERT JOHNSON PLUMBERS, INC.</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>DAVID L. JORDAN</b> <b>2528 LAKEWAY CIRCLE</b> <b>SHREVEPORT LA 71109</b>	Name of Employer	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>JEANNINE B. JORDAN</b> <b>122 CHELSEA</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>ALLAN KANNER</b> <b>232 DECATUR STREET</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	<b>\$125.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$1,225.00</b>
TOTAL This Period (last page this line number only)			

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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>STEPHEN M. KAUFMAN</b> <b>THREE RIVERWAY</b> <b>HOUSTON TX 77056</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Occupation <b>INSURANCE</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$100.00</b>		
Full Name, Mailing Address and ZIP Code <b>NAIL M. KHANFAR</b> <b>3100 DEBORAH DRIVE</b> <b>MONROE LA 71201</b>	Name of Employer <b>SEARS SECURITY SYSTEMS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Occupation <b>SALES</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$100.00</b>		
Full Name, Mailing Address and ZIP Code <b>TEX R. KILPATRICK</b> <b>2902 RIVER OAKS</b> <b>MONROE LA 71201</b>	Name of Employer <b>CENTRAL AMERICAN LIFE</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Occupation <b>INSURANCE</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$100.00</b>		
Full Name, Mailing Address and ZIP Code <b>PETER KLARFIELD</b> <b>1776 K STREET, NW</b> <b>WASHINGTON DC 20006</b>	Name of Employer <b>WILEY, REIN &amp; FIELDING</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Occupation <b>ATTORNEY</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$50.00</b>		
Full Name, Mailing Address and ZIP Code <b>DONALD L. KNEIPP</b> <b>POST OFFICE BOX 2808</b> <b>MONROE LA 71207-2808</b>	Name of Employer <b>KNEIPP &amp; HASTINGS</b>	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Occupation <b>ATTORNEY</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$200.00</b>		
Full Name, Mailing Address and ZIP Code <b>EUGENE E. KOLASNY</b> <b>300 S. WACKER DRIVE</b> <b>CHICAGO IL 60606-6701</b>	Name of Employer <b>LASALLE FINANCIAL GROUP, LTD.</b>	Date (month, day, year) <b>5/4/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Occupation <b>PRESIDENT</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$200.00</b>		
Full Name, Mailing Address and ZIP Code <b>JAMES L. LARKIN</b> <b>205 PINE LAKE DRIVE</b> <b>HAUGHTON LA 71037</b>	Name of Employer <b>LARKIN DEVELOPMENT</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Occupation <b>DEVELOPER/BUILDER</b>			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <b>\$200.00</b>		

SUBTOTAL of Receipts This Page (optional) ..... **\$950.00**

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>TIMOTHY A. LARKIN</b> <b>130 SOUTHWOOD DRIVE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>LARKIN DEVELOPMENT CORP.</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RESIDENTIAL LAND DEVELOPER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>WALTER D. LEDIG, III</b> <b>POST OFFICE BOX 892</b> <b>MINDEN LA 71058-0892</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>NURSING HOME OPERATOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>GARY D. LEHR</b> <b>404 MADISON</b> <b>BOSSIER CITY LA 71111-6000</b>	Name of Employer <b>CONCO FOOD SERVICE</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR OF OPERATIONS</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>H. KIRKE LEWIS</b> <b>6410 POPLAR AVENUE</b> <b>MEMPHIS TN 38119-4839</b>	Name of Employer <b>LEWIS &amp; KNOWLTON FINANCIAL GRP</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRINCIPAL</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOSEPH W. LITTLEJOHN</b> <b>100 ROBERT E. LEE PLACE</b> <b>BOSSIER CITY LA 71111-5026</b>	Name of Employer <b>NEW YORK LIFE INSURANCE CO.</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE AGENT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>R. BRUCE MACMURDO</b> <b>5740 CHANDLER DRIVE</b> <b>BATON ROUGE LA 70808</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/19/98</b>	Amount of Each Receipt this period  <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>SAJJAD A. MALIK</b> <b>1406 STONEBRIDGE</b> <b>GRETNA LA 70056</b>	Name of Employer <b>RAINBOW GIFTS</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period  <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
SUBTOTAL of Receipts This Page (optional) .....			<b>\$1,150.00</b>
TOTAL This Period (last page this line number only) .....			

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separated  
 schedule(s) for each  
 category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>CRAIG MARCOTTE</b> <b>588 ONEONTA</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>HICKS &amp; MOBLEY</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>CRAIG MARCOTTE</b> <b>588 ONEONTA</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>HICKS &amp; MOBLEY</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$110.00</b>	
Full Name, Mailing Address and ZIP Code <b>CHARLES D. MARKS</b> <b>1250 POYDRAS STREET</b> <b>NEW ORLEANS LA 70113-1826</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/4/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>VINCENT J. MARSALA</b> <b>505 CUMBERLAND DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LSU - SHREVEPORT</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHANCELLOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>VINCENT J. MARSALA</b> <b>505 CUMBERLAND DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LSU - SHREVEPORT</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$30.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHANCELLOR</b>	Aggregate Year-to-Date > <b>\$130.00</b>	
Full Name, Mailing Address and ZIP Code <b>C. SCOTT MASSEY</b> <b>5611 MIRADOR CIRCLE</b> <b>SHREVEPORT LA 71119</b>	Name of Employer <b>KPMG PEAT MARWICK</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ACCOUNTANT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>W. W. MCCOOK</b> <b>POST OFFICE DRAWER 8969</b> <b>SHREVEPORT LA 71148</b>	Name of Employer <b>CUSTOM-BILT CABINET &amp; SUPPLY</b>	Date (month, day, year) <b>6/30/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$840.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>GEORGE M. MCCORMICK, II</b> <b>618 CUMBERLAND</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>CORONER, CADDO PARISH</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FORENSIC PATHOLOGIST</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JAMES C. MCMICHAEL</b> <b>POST OFFICE DRAWER 1126</b> <b>SHREVEPORT LA 71163-1126</b>	Name of Employer <b>BLANCHARD, WALKER ET AL</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>DIANE B. MCREE</b> <b>1494 HAMPTON HILL CIRCLE</b> <b>ALEXANDRIA VA 22101-6016</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GOVT. RELATIONS CONSULTANT</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
Full Name, Mailing Address and ZIP Code <b>COLLIER E. MICKLE</b> <b>2017 GROVER STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>GREATER ST. MARY BAPT. CHURCH</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MINISTER</b>	Aggregate Year-to-Date > <b>\$10.00</b>	
Full Name, Mailing Address and ZIP Code <b>BRANDON MIGLIORE</b> <b>3813 WANDA LYNN DRIVE</b> <b>METAIRIE LA 70002</b>	Name of Employer <b>QUALIFIED HOME HEALTH</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>HOME HEALTH ADMINISTRATOR</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>FRANCENE MILLER</b> <b>2014 RIVER ROAD</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>ARKLATEX ANTIQUES &amp; CAR MUSEUM</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>FRANCENE MILLER</b> <b>2014 RIVER ROAD</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>ARKLATEX ANTIQUES &amp; CAR MUSEUM</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR</b>	Aggregate Year-to-Date > <b>\$110.00</b>	
SUBTOTAL of Receipts This Page (optional) .....			<b>\$695.00</b>
TOTAL This Period (last page this line number only) .....			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>FREDERIC L. MILLER</b> <b>3090 DARTMOOR CIRCLE</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>TRAVIS A. MILLER</b> <b>6756 NORTH CLUB CIRCLE</b> <b>SHREVEPORT LA 71107</b>	Name of Employer <b>T. A. MILLER, INC.</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DEVELOPER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>SONDRA MOTT</b> <b>POST OFFICE BOX 278</b> <b>OAK RIDGE LA 71264-0278</b>	Name of Employer <b>MOTT FARMS</b>	Date (month, day, year) <b>6/26/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FARMER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>SHAWN MURPHY</b> <b>POST OFFICE BOX 280</b> <b>JONESBORO LA 71251-0280</b>	Name of Employer <b>STATE FARM INSURANCE</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>AGENT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>RONNIE MYRICK</b> <b>2728 BAYOU LANE</b> <b>MONROE LA 71201</b>	Name of Employer <b>DEPOSIT GUARANTY BANK</b>	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REGIONAL PRESIDENT/BANKER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>CAROLYN QUERBES NELSON</b> <b>214 MILAM STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>QUERBES &amp; NELSON</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE AGENT</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>CRAIG A. NETTERVILLE</b> <b>8437 E. CYPRESS POINT COURT</b> <b>BATON ROUGE LA 70809</b>	Name of Employer <b>SOUTHERN MORTGAGE</b>	Date (month, day, year) <b>5/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MORTGAGE BROKER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,000.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>DAVID A. NEWSOME, M.D.</b> <b>18 PARK ISLAND DRIVE</b> <b>NEW ORLEANS LA 70122</b>	Name of Employer <b>FAMILY EYE CENTER</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OPHTHALMOLOGIST</b>	<b>6/12/98</b>	
	Aggregate Year-to-Date >	<b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>FREDDY NOLAN</b> <b>205 E. FRENCHMAN'S BEND</b> <b>MONROE LA 71203</b>	Name of Employer <b>LDS COMMUNICATIONS</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT/TELECOMMUNICATIONS</b>	<b>6/12/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>THOMAS M. NOSSER</b> <b>511 ELMWOOD</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>NOSSER &amp; NOSSER</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHIROPRACTOR</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>MILTON G. NOTTINGHAM, JR.</b> <b>4849 UPTON STREET, N.W.</b> <b>WASHINGTON DC 20016</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MARINE CONSULTANT</b>	<b>5/11/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>DAVID M. OLIVER</b> <b>6008 RIVER ROAD CIRCLE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>ROBERTS, CHERRY &amp; COMPANY</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CPA</b>	<b>5/15/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>CHARLES J. PAINE, M.D.</b> <b>420 REGENCY BLVD.</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>HIGHLAND CLINIC</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	<b>6/1/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>WAYNE PANGBURN</b> <b>POST OFFICE BOX 191</b> <b>NEW ROADS LA 70760-0191</b>	Name of Employer <b>THE PANGBURN COMPANY</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT</b>	<b>6/5/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$900.00</b>
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>NORMAN A. PAPPAS</b> <b>1000 TOWN CENTER</b> <b>SOUTHFIELD MI 48075</b>	Name of Employer <b>THE ENTERPRISE GROUP</b>	Date (month, day, year) <b>5/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>STUART L. PARKER</b> <b>100 CAMELOT PLACE</b> <b>MONROE LA 71203</b>	Name of Employer	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED US ARMY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>LOUIS C. PENDLETON</b> <b>1514 GARY STREET</b> <b>SHREVEPORT LA 71103</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DENTIST</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOHN PICKENS</b> <b>821 MONROVIA</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>ROSENBLATH'S MENSWEAR</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETAIL</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>KENNETH PICKERING</b> <b>301 MAGAZINE STREET</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>PICKERING, COTOGNO &amp; DUNN</b>	Date (month, day, year) <b>6/26/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>MYRTLE PICKERING</b> <b>2609 LEAF LANE</b> <b>SHREVEPORT LA 71109</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROBERT LANE PITTARD</b> <b>3320 YOUREE DRIVE</b> <b>SHREVEPORT LA 71105-2116</b>	Name of Employer <b>PITTARD &amp; POWELL</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	

SUBTOTAL of Receipts This Page (optional) ..... **\$925.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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category of the Detailed  
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**NAME OF COMMITTEE (In Full)**

**John Breaux Committee**

**C00215830**

Full Name, Mailing Address and ZIP Code <b>BENNETT L. POLITZ</b> <b>375 HIDDEN HOLLOW DRIVE</b> <b>SHREVEPORT LA 71106-7624</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>DAVOR POLJAK</b> <b>3730 FAIRFIELD AVENUE</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>BOSSIER RAQUET CLUB</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>TENNIS PROFESSIONAL</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DENIS POLJAK</b> <b>10010 STRATMORE CIRCLE</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>MERRILL LYNCH</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FINANCIAL ADVISOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>ED POWELL</b> <b>POST OFFICE BOX 1373</b> <b>SHREVEPORT LA 71164-9998</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OIL &amp; GAS/INVESTMENTS/RANCHER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>THOMAS A. PRESSLY</b> <b>862 TRABUE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>MARK A. PRICE</b> <b>3801 DEBORAH DRIVE</b> <b>MONROE LA 71201-2111</b>	Name of Employer	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED DENTIST</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>J. PAUL PRICE, M.D.</b> <b>939 DELAWARE STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RADIOLOGIST</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,000.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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 schedule(s) for each  
 category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>LILLIAN PRIEST</b> <b>3734 CLAIBORNE AVENUE</b> <b>SHREVEPORT LA 71109</b>	Name of Employer <b>JALI'VE ENTERPRISES, LLC</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>LILLIAN PRIEST</b> <b>3734 CLAIBORNE AVENUE</b> <b>SHREVEPORT LA 71109</b>	Name of Employer <b>JALI'VE ENTERPRISES, LLC</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>	Aggregate Year-to-Date > <b>\$120.00</b>	
Full Name, Mailing Address and ZIP Code <b>JULES B. PUSCHETT, M.D.</b> <b>11 MUIRFIELD PLACE</b> <b>NEW ORLEANS LA 70131</b>	Name of Employer <b>TULANE UNIVERSITY MEDICAL CTR.</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PROFESSOR/CHAIR - DEPT. OF MEDICINE</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>THOMAS QUEEN</b> <b>1776 K STREET, NW</b> <b>WASHINGTON DC 20006</b>	Name of Employer <b>WILEY, REIN &amp; FIELDING</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
Full Name, Mailing Address and ZIP Code <b>ASHOK S. RAO, M.D.</b> <b>5410 BRIARCLIFF CIRCLE</b> <b>SHREVEPORT LA 71109-1803</b>	Name of Employer <b>WILLIS KNIGHTON MEDICAL CENTER</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>KRISTEN BROWN ROCKETT</b> <b>651 ONTARIO STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>MILLS, TIMMONS &amp; FLOWERS</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>KRISTEN BROWN ROCKETT</b> <b>651 ONTARIO STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>MILLS, TIMMONS &amp; FLOWERS</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$30.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$130.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$600.00</b>
TOTAL This Period (last page this line number only)			

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>DAVID R. ROCKETT, JR.</b> <b>651 ONTARIO STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>BROWN BUILDERS, INC.</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MARKETING &amp; SALES DIRECTOR</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DAVID R. ROCKETT, JR.</b> <b>651 ONTARIO STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>BROWN BUILDERS, INC.</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$30.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MARKETING &amp; SALES DIRECTOR</b>	Aggregate Year-to-Date > <b>\$130.00</b>	
Full Name, Mailing Address and ZIP Code <b>STANLEY ROTHSTEIN</b> <b>22 TILDEN COURT</b> <b>LIVINGSTON NJ 07039</b>	Name of Employer <b>STANLEY ROTHSTEIN ASSOCIATES</b>	Date (month, day, year) <b>6/26/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JASON ROUNDS</b> <b>533 DUDLEY</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>HIGHLAND FAMILY CARE NETWORK</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE DIRECTOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>PHILLIP A. ROZEMAN, M.D.</b> <b>510 LONGLEAF ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CARDIOLOGIST</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>HOWARD J. SAKS</b> <b>10100 SANTA MONICA BOULEVARD</b> <b>LOS ANGELES CA 90067</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/8/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>LIFE AND DISABILITY ANALYST</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>J. A. SALPIETRA</b> <b>3411 STONEBROOK PLACE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$1,130.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>JANIE L. SAMUELS</b> <b>2815 E. WEST AVENUE</b> <b>SHREVEPORT LA 71107</b>	Name of Employer <b>JALI'VE ENTERPRISES, INC.</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>	<b>5/27/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>PAUL SEGURA</b> <b>348 ALLEN STREET</b> <b>NEW IBERIA LA 70560</b>	Name of Employer <b>SEGURA REAL ESTATE</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>COMMERCIAL REAL ESTATE</b>	<b>4/17/98</b>	
	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>PEGGY SELBER</b> <b>POST OFFICE BOX 21830</b> <b>SHREVEPORT LA 71120</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INVESTORS</b>	<b>5/15/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>MANDEL SELBER, JR.</b> <b>570 SPRING LAKE DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRIVATE INVESTOR</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>ANNA CLAIRE SEYMOUR</b> <b>2711 OAK DRIVE</b> <b>MONROE LA 71201</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>HOMEMAKER</b>	<b>6/5/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>MOHAMMAD SALIM SHAIKH</b> <b>3224 MASSACHUSETTS AVENUE</b> <b>KENNER LA 70065</b>	Name of Employer <b>GLOBAL SHIP SERVICES</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	<b>6/8/98</b>	
	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>JOEL A. SHAPIRO</b> <b>40 WEST 57TH STREET</b> <b>NEW YORK NY 10019</b>	Name of Employer <b>BARTON, SHAPIRO &amp; ASSOCIATES</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	<b>5/15/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$1,150.00</b>
TOTAL This Period (last page this line number only)			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>CAROL SHARP</b> <b>9814 HILLSBORO DRIVE</b> <b>SHREVEPORT LA 71118</b>	Name of Employer  Occupation <b>HOMEMAKER</b>	Date (month, day, year)  <b>5/22/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>MARGARET S. SHEHEE</b> <b>7125 CRESWELL ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>KILPATRICK LIFE INSURANCE CO.</b>  Occupation <b>VICE-PRESIDENT</b>	Date (month, day, year)  <b>6/5/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>E. JANE SHERMAN</b> <b>422 HIGHLAND CROSSING</b> <b>BATON ROUGE LA 70810</b>	Name of Employer <b>PHELPS DUNBAR</b>  Occupation <b>ATTORNEY</b>	Date (month, day, year)  <b>4/9/98</b>	Amount of Each Receipt this period  <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>GENE R. SMITH</b> <b>300 FANNIN STREET</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>US DISTRICT COURT</b>  Occupation <b>CHIEF DEPUTY</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$20.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$20.00</b>	<b>\$20.00</b>
Full Name, Mailing Address and ZIP Code <b>JANE SMITH</b> <b>106 CAMBRIDGE CIRCLE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>BOSSIER PARISH SCHOOL BOARD</b>  Occupation <b>SUPERINTENDENT</b>	Date (month, day, year)  <b>5/22/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>JANE SMITH</b> <b>106 CAMBRIDGE CIRCLE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>BOSSIER PARISH SCHOOL BOARD</b>  Occupation <b>SUPERINTENDENT</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$10.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$110.00</b>	<b>\$10.00</b>
Full Name, Mailing Address and ZIP Code <b>KATHRYN SMITH</b> <b>3540 RUE DU LAC</b> <b>SHREVEPORT LA 71107-7657</b>	Name of Employer  Occupation <b>HOMEMAKER</b>	Date (month, day, year)  <b>5/22/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$755.00</b>
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>MARY N. SMITH</b> <b>352 CORINNE CIRCLE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>IMA OF LA, INC.</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/OWNER</b>		
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>NICOLE M. SMITH</b> <b>460 SOUTHFIELD ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>COOK, YANCEY, KING &amp; GALLOWAY</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>PRENTISS SMITH</b> <b>6211 SOUTH WINDERMERE STREET</b> <b>SHREVEPORT LA 71129</b>	Name of Employer <b>GENERAL MOTORS</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ENGINEER</b>		
	Aggregate Year-to-Date >	<b>\$50.00</b>	<b>\$50.00</b>
Full Name, Mailing Address and ZIP Code <b>SHELBY LEE SMITH</b> <b>6201 E. RIDGE DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SMITH MANAGEMENT CO., INC.</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>HOTEL OWNERSHIP/MANAGEMENT</b>		
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>CLAIR SCOTT SMITH, JR.</b> <b>310 ELLERBE CREEK ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>FALCO S &amp; D</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OIL TRADER</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>GARY SMITH, JR.</b> <b>631 PINE STREET</b> <b>NORCO LA 70079</b>	Name of Employer	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>STUDENT</b>		
	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
Full Name, Mailing Address and ZIP Code <b>JUDY BRIGNAC SONGY</b> <b>8 WINDSOR STREET</b> <b>LAPLACE LA 70068</b>	Name of Employer <b>JUDY SONGY &amp; ASSOCIATES</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PRESIDENT/REAL ESTATE</b>		
	Aggregate Year-to-Date >	<b>\$125.00</b>	<b>\$125.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$900.00</b>
TOTAL This Period (last page this line number only)			

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>RON E. STOKES</b> <b>605 SOUTHFIELD ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>CARRIER-BOCK CO.</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MANAGER/VICE-PRESIDENT</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>JAMES T. STRONG</b> <b>POST OFFICE BOX 457</b> <b>DELHI LA 71232-0457</b>	Name of Employer <b>EASY WAY, INC.</b>	Date (month, day, year) <b>6/10/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO</b>		
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>LES E. SUTTON</b> <b>254 OLD SPRING LANE</b> <b>HOUSTON TX 77015-2042</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>		
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>BYRUM W. TEEKELL</b> <b>401 EDWARDS STREET</b> <b>SHREVEPORT LA 71101-6105</b>	Name of Employer <b>THE TEEKELL CO., INC.</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>J. L. TERRILL</b> <b>1908 HORSESHOE</b> <b>ALEXANDRIA LA 71301</b>	Name of Employer <b>GULF STATES PIPELINE COMPANY</b>	Date (month, day, year) <b>4/27/98</b>	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CHAIRMAN/CEO</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>DONNA W. THOMAS</b> <b>605 STREAM ARCH</b> <b>CHESAPEAKE VA 23320</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>		
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$200.00</b>
Full Name, Mailing Address and ZIP Code <b>CYNTHIA L. THOMPSON</b> <b>5640 S. LAKESHORE</b> <b>SHREVEPORT LA 71119</b>	Name of Employer <b>HIBERNIA NATIONAL BANK</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BANKER/ASST. VICE-PRESIDENT</b>		
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$1,100.00</b>
TOTAL This Period (last page this line number only)			

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category of the Detailed  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>MICHAEL W. TIFFT</b> <b>365 CANAL STREET</b> <b>NEW ORLEANS LA 70130</b>	Name of Employer <b>ANZELMO LAW OFFICE</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
Full Name, Mailing Address and ZIP Code <b>DIAN TOOKE</b> <b>923 ERIE STREET</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>LSU</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>COLLEGE ADMINISTRATOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>JACK R. TOUCHSTONE</b> <b>POST OFFICE BOX 52717</b> <b>SHREVEPORT LA 71135</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SALES</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DAVID W. TURRENTINE</b> <b>POST OFFICE BOX 4086</b> <b>MONROE LA 71211</b>	Name of Employer <b>STANDARD ENTERPRISES, INC.</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REAL ESTATE DEVELOPER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DONALD R. UPDEGRAFF</b> <b>1054 CAPILANO DRIVE</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>CENTRAL BANK</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>BANKER</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>THIERRY VELLARD</b> <b>HC 60</b> <b>EPPS LA 71237</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FARMER</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>LOUIS A. VERRET</b> <b>3814 GENERAL TAYLOR STREET</b> <b>NEW ORLEANS LA 70125</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/22/98</b>	Amount of Each Receipt this period <b>\$125.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$125.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$950.00</b>
TOTAL This Period (last page this line number only)			

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 schedule(s) for each  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>MURRAY W. VISER</b> <b>POST OFFICE BOX 1931</b> <b>SHREVEPORT LA 71166-1931</b>	Name of Employer <b>VISER INVESTMENTS</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INVESTMENTS</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>ARTHUR J. WAECHTER, JR.</b> <b>100 CHRISTWOOD BLVD.</b> <b>COVINGTON LA 70433</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/29/98</b>	Amount of Each Receipt this period  <b>\$150.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$150.00</b>	
Full Name, Mailing Address and ZIP Code <b>JOE D. WAGGONER, JR.</b> <b>137 SOUTHWOOD DRIVE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/27/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DAVID H. WALKER</b> <b>20 TEALWOOD</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>LSU MED. CTR. S'PORT FOUND.</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period  <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE DIRECTOR</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>HENRY C. WALKER</b> <b>1700 IRVING PLACE</b> <b>SHREVEPORT LA 71101</b>	Name of Employer <b>WALKER, TOOKE &amp; LYONS</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DOROTHY H. WALLACE</b> <b>925 LINDEN STREET</b> <b>SHREVEPORT LA 71104</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>4/27/98</b>	Amount of Each Receipt this period  <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>KEITH WATSON</b> <b>1776 K STREET, NW</b> <b>WASHINGTON DC 20006</b>	Name of Employer <b>WILEY, REIN &amp; FIELDING</b>	Date (month, day, year) <b>6/8/98</b>	Amount of Each Receipt this period  <b>\$50.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$50.00</b>	
SUBTOTAL of Receipts This Page (optional) .....			<b>\$900.00</b>
TOTAL This Period (last page this line number only) .....			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>GARD WAYT</b> <b>5910 ROMA DRIVE</b> <b>SHREVEPORT LA 71105</b>	Name of Employer <b>GARD WAYT &amp; ASSOCIATES</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>ROY S. WEINER</b> <b>119 ENGLISH TURN DRIVE</b> <b>NEW ORLEANS LA 70131</b>	Name of Employer <b>TULANE CANCER CENTER</b>	Date (month, day, year) <b>6/5/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>PHYSICIAN</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>DON W. WEIR, JR.</b> <b>POST OFFICE DRAWER 1126</b> <b>SHREVEPORT LA 71163</b>	Name of Employer <b>BLANCHARD, WALKER ET AL</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
Full Name, Mailing Address and ZIP Code <b>DON W. WEIR, SR.</b> <b>POST OFFICE BOX 21734</b> <b>SHREVEPORT LA 71151</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$100.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	Aggregate Year-to-Date > <b>\$100.00</b>	
Full Name, Mailing Address and ZIP Code <b>CECIL WELCH</b> <b>596 WELCH DRIVE</b> <b>HAUGHTON LA 71037-6917</b>	Name of Employer <b>SELF</b>	Date (month, day, year) <b>5/15/98</b>	Amount of Each Receipt this period <b>\$25.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>FARMER</b>	Aggregate Year-to-Date > <b>\$25.00</b>	
Full Name, Mailing Address and ZIP Code <b>PAUL S. WEST</b> <b>2934 DAKIN AVENUE</b> <b>BATON ROUGE LA 70820</b>	Name of Employer <b>MCGLINCHEY, STAFFORD</b>	Date (month, day, year) <b>5/1/98</b>	Amount of Each Receipt this period <b>\$150.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$150.00</b>	
Full Name, Mailing Address and ZIP Code <b>CLAIR F. WHITE</b> <b>POST OFFICE BOX 8</b> <b>SHREVEPORT LA 71161-0008</b>	Name of Employer <b>BARLOW &amp; HARDTNER</b>	Date (month, day, year) <b>6/1/98</b>	Amount of Each Receipt this period <b>\$200.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > <b>\$200.00</b>	
SUBTOTAL of Receipts This Page (optional)			<b>\$875.00</b>
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>CLAUDIUS E. WHITMEYER</b> <b>3421 YOUREE DRIVE</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>WHITMEYER &amp; GLASSELL</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	<b>5/27/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>LEONARD I. WILSON</b> <b>4265 SAN FELIPE</b> <b>HOUSTON TX 77027</b>	Name of Employer <b>CLARK/BARDES</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE</b>	<b>4/17/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>MARJORIE B. WINKLER</b> <b>600 E. FLOURNOY LUCAS ROAD</b> <b>SHREVEPORT LA 71115</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	<b>5/15/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>CYNTHIA WOOD</b> <b>447 LONGLEAF ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>MANAGEMENT CONSULTANT</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$200.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>TOM WOOD</b> <b>447 LONGLEAF ROAD</b> <b>SHREVEPORT LA 71106</b>	Name of Employer <b>SELF</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>INSURANCE AGENT</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>MARIE GIFFORD WRIGHT</b> <b>701 LIVINGSTON</b> <b>SHREVEPORT LA 71107</b>	Name of Employer <b>RETIRED</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>RETIRED</b>	<b>5/22/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
Full Name, Mailing Address and ZIP Code <b>JOHNNY WYATT</b> <b>2309 ARLINGTON PLACE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>CITY OF BOSSIER</b>	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CITY MARSHAL</b>	<b>5/1/98</b>	
	Aggregate Year-to-Date >	<b>\$100.00</b>	<b>\$100.00</b>
SUBTOTAL of Receipts This Page (optional)			<b>\$700.00</b>
TOTAL This Period (last page this line number only)			

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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FOR LINE NUMBER  
11 (a) (ii)

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

Full Name, Mailing Address and ZIP Code <b>JOHNNY WYATT</b> <b>2309 ARLINGTON PLACE</b> <b>BOSSIER CITY LA 71111</b>	Name of Employer <b>CITY OF BOSSIER</b>	Date (month, day, year)  <b>6/1/98</b>	Amount of Each Receipt this period  <b>\$40.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CITY MARSHAL</b>	Aggregate Year-to-Date > <b>\$140.00</b>	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	
SUBTOTAL of Receipts This Page (optional) .....			<b>\$40.00</b>
TOTAL This Period (last page this line number only) .....			<b>\$33,780.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11c

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
ACTION COMM RURAL ELECTRIFICATION 4301 WILSON BOULEVARD ARLINGTON VA 22203				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	05/27/98	
		Aggregate Year-to-Date > \$	1,500.00	500.00
<b>B. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
ACTION FUND LEHMAN BROTHERS HOLDING 800 CONNECTICUT AVENUE, NW WASHINGTON DC 20006				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	04/27/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
ACTION FUND LEHMAN BROTHERS HOLDING 800 CONNECTICUT AVENUE, NW WASHINGTON DC 20006				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/15/98	
		Aggregate Year-to-Date > \$	1,500.00	500.00
<b>D. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
AETNA LIFE & CASUALTY PAC 1501 M STREET, NW WASHINGTON DC 20005				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	05/27/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
AFLAC INCORPORATED PAC AFLAC CENTER COLUMBUS GA 31999				
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/05/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
AFSCME P.E.O.P.L.E. (PAC) 1625 L STREET, NW WASHINGTON DC 20036				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/30/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
AGSHF CIVIC ACTION COMM (AKIN, GUMP) 1333 NEW HAMPSHIRE AVENUE, NW WASHINGTON DC 20036				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	05/15/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 6,000.00

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



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLEGHENY POWER-PAC 10435 DOWNSVILLE PIKE HAGERSTOWN MD 21740	Occupation	05/15/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLIEDSIGNAL PAC (ASPAC) 1001 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20004	Occupation	06/30/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMALGAMATED TRANSIT UNION COPE ACCT 5025 WISCONSIN AVENUE, NW WASHINGTON DC 20016	Occupation	04/09/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,500.00	1,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER FED GOVT EMPLOYEES PAC 80 F STREET, NW WASHINGTON DC 20001	Occupation	05/08/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER INSTITUTE OF CPA EFFECTIVE LEG COMM 1455 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20004	Occupation	06/22/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,500.00	2,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER POST. WRKS COMM ON POL ACTION 1300 L STREET, NW WASHINGTON DC 20005	Occupation	06/30/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMER. NURSES ASSN. PAC (ANA-PAC) 600 MARYLAND AVENUE, SW WASHINGTON DC 20024	Occupation	05/11/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 8,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> AMER. SOC. OF INTERNAL MEDICINE PAC 2011 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006		Name of Employer  Occupation	Date (month, day, year) 05/04/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> AMER. YARN SPINNERS ASSN. P. A. C. POST OFFICE BOX 99 GASTONIA NC 28053		Name of Employer  Occupation	Date (month, day, year) 05/04/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> AMERICAN DIETETIC ASSN PAC (ADAPAC) 1225 EYE STREET, NW WASHINGTON DC 20005		Name of Employer  Occupation	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> AMERICAN INT'L GRP EMPL PAC 70 PINE STREET NEW YORK NY 10270		Name of Employer  Occupation	Date (month, day, year) 05/11/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> AMERICAN MARITIME OFFICERS PAC 650 FOURTH AVENUE BROOKLYN NY 11232		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> AMERICAN NEUROLOGICAL SURGERY PAC POST OFFICE BOX 136 WASHINGTON DC 20044		Name of Employer  Occupation	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> AMERICAN OCCUPATIONAL THERAPY PAC POST OFFICE BOX 31220 BESTHESDA MD 20824		Name of Employer  Occupation	Date (month, day, year) 06/19/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional)..... 7,000.00

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

78020142145

78020142145

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (in Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> AMERICAN PODIATRIC MEDICAL ASSN. 9312 OLD GEORGETOWN ROAD BESTHESDA MD 20814		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> AMERICAN SOCIETY OF ASSOC EXECS PAC 1575 I STREET, NW WASHINGTON DC 20005		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> AMOCO PAC 200 EAST RANDOLPH DRIVE CHICAGO IL 60601		Name of Employer  Occupation	Date (month, day, year) 06/05/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> APOLLO GROUP POL ORG LEG LEADERSHIP 4615 EAST ELWOOD STREET PHOENIX AZ 85040		Name of Employer  Occupation	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> ARPAC 451 FLORIDA BOULEVARD BATON ROUGE LA 70801		Name of Employer  Occupation	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 1,250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> ARTHUR ANDERSEN PAC 1666 K STREET, NW WASHINGTON DC 20006		Name of Employer  Occupation	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> ASAPAC (AMER. SOCIETY OF ANESTH) 520 N. NORTHWEST HIGHWAY PARK RIDGE IL 60068		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional)..... 7,750.00

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

7 3 0 2 0 1 4 2 1 4 6

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> ASSN OF PENSION & WELFARE PLANS PAC 1212 NEW YORK AVENUE, NW WASHINGTON DC 20005		Name of Employer  Occupation	Date (month, day, year) 06/15/98	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> ASSOC. GEN. CONTRACTORS PAC 1957 E STREET, NW WASHINGTON DC 20006		Name of Employer  Occupation	Date (month, day, year) 06/05/98	Amount of Each Receipt this Period 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00		2,500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> ASWORTH CORP PAC (CORPAC) POST OFFICE BOX 217 MEMPHIS TN 38101		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> ATLA PAC 1050 31ST STREET, NW WASHINGTON DC 20007		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 4,000.00		4,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> AUCTION MARKETS PAC-CHICAGO BOARD 141 W. JACKSON BOULEVARD CHICAGO IL 60604		Name of Employer  Occupation	Date (month, day, year) 06/19/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> BANKAMERICA PAC (BAC-PAC) POST OFFICE BOX 37000 SAN FRANCISCO CA 94137		Name of Employer  Occupation	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00		2,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> BASS BRTHRS ENT, INC. PAC 201 MAIN STREET FORT WORTH TX 76102		Name of Employer  Occupation	Date (month, day, year) 04/20/98	Amount of Each Receipt this Period 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00		2,500.00

**SUBTOTAL** of Receipts This Page (optional)..... 12,500.00

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

73030142147

## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separated schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEAR STEARNS POLITICAL CAMPAIGN COM 245 PARK AVENUE NEW YORK NY 10167	Occupation	04/17/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BELLATLANTIC PAC 1717 ARCH STREET PHILADELPHIA PA 19103	Occupation	06/15/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BLUEPAC-BLUE CROSS/BLUE SHIELD ASSN 1310 G STREET, NW WASHINGTON DC 20005	Occupation	06/19/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOEING PAC 1700 N. MOORE STREET ARLINGTON VA 22209	Occupation	05/15/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOEING PAC 1700 N. MOORE STREET ARLINGTON VA 22209	Occupation	06/05/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOND MARKET ASSN PAC 1445 NEW YORK AVENUE WASHINGTON DC 20005	Occupation	05/11/98	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOND MARKET ASSOCIATION PAC 1445 NEW YORK AVENUE NW WASHINGTON DC 20005	Occupation	04/08/98	488.08
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	488.08	
SUBTOTAL of Receipts This Page (optional).....			6,488.08
TOTAL This Period (last page this line number only).....			

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BPA-PAC (B.P. AMERICA) 1776 I STREET, NW WASHINGTON DC 20006	Occupation	06/30/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROWN-FORMAN CORP. COMM. POST OFFICE BOX 1080 LOUISVILLE KY 40201	Occupation	05/22/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROWNING-FERRIS IND PAC POST OFFICE BOX 3151 HOUSTON TX 77253	Occupation	04/27/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	3,000.00	3,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUILD - PAC (NTL ASSN OF HOME BLDR) 1201 15TH STREET, NW WASHINGTON DC 20005	Occupation	06/30/98	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURLINGTON NTHRN SANTA FE RAILPAC POST OFFICE BOX 961039 FORT WORTH TX 76161	Occupation	05/04/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARGILL, INC. POLITICAL ACTION COMM POST OFFICE BOX 5625 MINNEAPOLIS MN 55440	Occupation	05/27/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATERPILLAR COMM. FOR ECTV GOVT 818 CONNECTICUT AVENUE, NW WASHINGTON DC 20006	Occupation	05/27/98	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 13,000.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> CELLULAR TELECOMM. IND. ASSN. PAC 1250 CONNECTICUT AVENUE, NW WASHINGTON DC 20036	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06/08/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> CENTRAL & SOUTHWEST CORP. PAC POST OFFICE BOX 660164 DALLAS TX 75266	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 05/15/98	<b>Amount of Each Receipt this Period</b> 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> CENTRAL & SOUTHWEST CORP. PAC POST OFFICE BOX 660164 DALLAS TX 75266	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 05/15/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> CF INDUSTRIES EMPL. GOOD GOVT FUND ONE SALEM LAKE DRIVE LONG GROVE IL 60047	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06/08/98	<b>Amount of Each Receipt this Period</b> 5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> CHAMPIONS FOR GOOD GOVERNMENT PAC 1875 EYE STREET, NW WASHINGTON DC 20006	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 05/27/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> CHASE MANHATTAN GOOD GOVT FUND 270 PARK AVENUE NEW YORK NY 10017	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 04/27/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> CHASE MANHATTAN GOOD GOVT FUND 270 PARK AVENUE NEW YORK NY 10017	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 06/19/98	<b>Amount of Each Receipt this Period</b> 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		

**SUBTOTAL** of Receipts This Page (optional)..... 12,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> CHICAGO BOARD OPTIONS EXCHANGE PAC 400 S. LASALLE STREET CHICAGO IL 60605		Name of Employer  Occupation	Date (month, day, year) 06/08/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> CIGNA CORPORATION P.A.C. 1650 MARKET STREET PHILADELPHIA PA 19192		Name of Employer  Occupation	Date (month, day, year) 05/27/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> COMM. FOR ADVNCMNT OF LA AGRIC. 508 NORTH 31ST STREET MONROE LA 71201		Name of Employer  Occupation	Date (month, day, year) 06/19/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> COMMODITY FUTURES POLITICAL FUND 30 S. WACKER DRIVE CHICAGO IL 60606		Name of Employer  Occupation	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> CONST. CITIZ. PROG. TX INSTRUMENTS POST OFFICE BOX 742496 DALLAS TX 75374		Name of Employer  Occupation	Date (month, day, year) 05/27/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> COOPERS & LYBRAND PAC 1900 K STREET, NW WASHINGTON DC 20006		Name of Employer  Occupation	Date (month, day, year) 06/30/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> CREDIT UNION LEG ACTION CNCL-CULAC 805 15TH STREET, NW WASHINGTON DC 20005		Name of Employer  Occupation	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00		

**SUBTOTAL** of Receipts This Page (optional)..... 9,500.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> CS FIRST BOSTON GOVT ACTION FUND 11 MADISON AVENUE NEW YORK NY 10010		Name of Employer  Occupation	Date (month, day, year) 05/04/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> CYMAX PAC POST OFFICE BOX 3299 ENGELWOOD CO 80112		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> CYMAX PAC POST OFFICE BOX 3299 ENGELWOOD CO 80112		Name of Employer  Occupation	Date (month, day, year) 05/15/98	Amount of Each Receipt this Period 1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,500.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> DEALERS ELECTION ACTION COMM (AUTO) 8400 WESTPARK DRIVE MCLEAN VA 22102		Name of Employer  Occupation	Date (month, day, year) 06/19/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> DEERE & COMPANY CIVIC ACTION FUND JOHN DEERE ROAD MOLINE IL 61265		Name of Employer  Occupation	Date (month, day, year) 05/11/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> DELOITTE & TOUCHE, LLP PAC POST OFFICE BOX 365 WASHINGTON DC 20044		Name of Employer  Occupation	Date (month, day, year) 06/26/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> DRESSER INDUSTRIES PAC (DIPAC) POST OFFICE BOX 718 DALLAS TX 75221		Name of Employer  Occupation	Date (month, day, year) 05/27/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional)..... 8,500.00

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

7 3 0 0 2 0 1 4 3 1 5 2

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> DUPONT GOOD GOVERNMENT FUND 1701 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006	Name of Employer  Occupation	Date (month, day, year)  04/20/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> DUPONT GOOD GOVERNMENT FUND 1701 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20006	Name of Employer  Occupation	Date (month, day, year)  06/26/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> EL PASO ENERGY CORP PAC 601 THIRTEENTH STREET, NW WASHINGTON DC 20005	Name of Employer  Occupation	Date (month, day, year)  05/04/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> EMP OF NORTHROP GRUMMAN (ENGPAC) 1234 6TH STREET SANTA MONICA CA 90401	Name of Employer  Occupation	Date (month, day, year)  05/15/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> ENPAC-LOUISIANA POST OFFICE BOX 2431 BATON ROUGE LA 70821	Name of Employer  Occupation	Date (month, day, year)  05/22/98	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> ERNST & YOUNG P.A.C. 1225 CONNECTICUT AVENUE, NW WASHINGTON DC 20036	Name of Employer  Occupation	Date (month, day, year)  05/27/98	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> ESOP PAC 1726 M STREET, NW WASHINGTON DC 20036	Name of Employer  Occupation	Date (month, day, year)  04/27/98	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7,000.00

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

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> ESOP PAC 1726 M STREET, NW WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 05/15/98 Aggregate Year-to-Date > \$ 1,500.00	Amount of Each Receipt this Period   500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> ESOP PAC 1726 M STREET, NW WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/08/98 Aggregate Year-to-Date > \$ 2,000.00	Amount of Each Receipt this Period   500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> ESOP PAC 1726 M STREET, NW WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 2,500.00	Amount of Each Receipt this Period   500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> EXPAC (EXXON CORPORATION) POST OFFICE BOX 2180 HOUSTON TX 77252 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 1,100.00	Amount of Each Receipt this Period   100.00
<b>E. Full Name, Mailing Address and ZIP Code</b> KENNETH C. WILLIAMS 34 LITTLE WOLF ROAD SUMMIT, NY 07901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$	Amount of Each Receipt this Period   100.00 -MEMO-
<b>F. Full Name, Mailing Address and ZIP Code</b> FEDERAL EXPRESS PAC 2005 CORPORATE AVENUE MEMPHIS TN 38132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> FEDERAL EXPRESS PAC 2005 CORPORATE AVENUE MEMPHIS TN 38132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 6,000.00	Amount of Each Receipt this Period   5,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7,600.00

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

73020142154 \*

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST CHICAGO CORPORATION PAC ONE FIRST NATIONAL PLAZA CHICAGO IL 60670			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/05/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FMC CORPORATION GOOD GOV PROGRAM 200 EAST RANDOLPH DRIVE CHICAGO IL 60601			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOOD MARKETING INSTITUTE PAC 800 CONNECTICUT AVENUE, NW WASHINGTON DC 20006			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	2,000.00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD MOTOR CO. CIVIC ACTION FUND THE AMERICAN ROAD DEARBORN MI 48121			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/05/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRUIT OF THE LOOM GOOD GOV COMM 5000 SEARS TOWER CHICAGO IL 60606			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARVEY, SCHUBERT AND BARER PAC 1000 POTOMAC STREET, NW WASHINGTON DC 20007			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/04/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAS EMPLOYEES PAC 1515 WILSON BOULEVARD ARLINGTON VA 22209			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7,500.00

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

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## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEN. DYNAMIC VOL. POL. CONTR. PLAN 3190 FAIRVIEW PARK DRIVE FALLS CHURCH VA 22042			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/04/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENCORP POLITICAL ACTION COMMITTEE 175 GHENT ROAD FAIRLAWN OH 44333			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENERAL ATOMICS/PAC POST OFFICE BOX 22930 SAN DIEGO CA 92122			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENERAL AVIATION MFG ASSN (GAMAPAC) 1400 K STREET, NW WASHINGTON DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENERAL ELECTRIC COMPANY PAC 1299 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20004			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLAXO WELLCOME PAC POST OFFICE BOX 13358 RESEARCH TRIANGLE PARK NC 27709			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/26/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLAXO WELLCOME PAC POST OFFICE BOX 13358 RESEARCH TRIANGLE PARK NC 27709			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional).....			6,500.00
TOTAL This Period (last page this line number only).....			

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> GOLDEN RULE FINANCIAL CORP. PAC 7440 WOODLAND DRIVE INDIANAPOLIS IN 46278 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 05/27/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> GOODYEAR GOOD GOVERNMENT FUND 1144 E. MARKET STREET AKRON OH 44316 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 05/15/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> GREAT WEST PAC 8515 E. ORCHARD ENGLEWOOD CO 80111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/15/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> HEALTH INSURANCE PAC (HIPAC) 555 THIRTEENTH STREET, NW WASHINGTON DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 2,000.00	Amount of Each Receipt this Period   2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> HEALTH PLAN PAC 1129 20TH STREET, NW WASHINGTON DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/08/98 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period   500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> HIBERNIA PEOPLE FOR GOOD GOVT PAC POST OFFICE BOX 61540 NEW ORLEANS LA 70161 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/08/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00
<b>G. Full Name, Mailing Address and ZIP Code</b> HOGAN & HARTSON PAC 555 THIRTEENTH STREET, NW WASHINGTON DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation Date (month, day, year) 06/30/98 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period   1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7,500.00

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

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>HOME CARE ALLNCE OF SOUTH PAC</b> 3850 N. CAUSEWAY BOULEVARD METAIRIE LA 70002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	250.00
Aggregate Year-to-Date > \$		500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> HOUSTON INDUSTRIES P. A. C. POST OFFICE BOX 4567 HOUSTON TX 77210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	05/08/98	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> IMC GLOBAL OPERATIONS PAC 2100 SANDERS ROAD PARKWAY NORTHBRROK IL 60062 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	06/08/98	5,000.00
Aggregate Year-to-Date > \$		5,000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> INDEPENDENT BANKERS PAC ONE THOMAS CIRCLE, N.W. WASHINGTON DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	04/27/98	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> INSURPAC (IND INS AGTS OF AMERICA) 412 FIRST STREET, NE WASHINGTON DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	05/15/98	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> INTL CNCL CRUISE LINES (ICCL-PAC) 1211 CONNECTICUT AVENUE, NW WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	06/08/98	1,500.00
Aggregate Year-to-Date > \$		2,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> INVESTMENT MGT PAC 1401 H STREET, NW WASHINGTON DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	05/11/98	1,000.00
Aggregate Year-to-Date > \$		1,000.00	

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

10,750.00

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

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**ITEMIZED RECEIPTS**

Use separated schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
ITT INDUSTRIES PAC (IINPAC) 1650 TYSONS BOULEVARD MCLEAN VA 22102				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/19/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>B. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
JOHN HANCOCK MUTUAL LIFE PAC POST OFFICE BOX 111 BOSTON MA 02117				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	05/27/98	
		Aggregate Year-to-Date > \$	500.00	500.00
<b>C. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
JP MORGAN PAC 60 WALL STREET NEW YORK NY 10260				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/26/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
KCS EMPLOYEES PAC 114 W. 11TH STREET KANSAS CITY MO 64105				
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/08/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
KOCHPAC POST OFFICE BOX 2256 WICHITA KS 67201				
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	04/27/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
LABORERS' POLITICAL LEAGUE 905 16TH STREET, NW WASHINGTON DC 20006				
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/05/98	
		Aggregate Year-to-Date > \$	4,000.00	1,500.00
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
LANE INDUSTRIES PAC 1200 SHERMER ROAD NORTHBROOK IL 60062				
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	06/05/98	
		Aggregate Year-to-Date > \$	1,000.00	1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 7,000.00

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



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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> LASPAC POST OFFICE BOX 80395 BATON ROUGE LA 70898	Name of Employer  Occupation	Date (month, day, year)  06/08/98	Amount of Each Receipt this Period  250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
<b>B. Full Name, Mailing Address and ZIP Code</b> LINCOLN NATL CORP PAC (LNCPAC) 1300 SOUTH CLINTON STREET FORT WAYNE IN 46801	Name of Employer  Occupation	Date (month, day, year)  06/19/98	Amount of Each Receipt this Period  1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> LOCKHEED MARTIN EMPLOYEES PAC 1725 JEFFERSON DAVIS HIGHWAY ARLINGTON VA 22202	Name of Employer  Occupation	Date (month, day, year)  05/27/98	Amount of Each Receipt this Period  1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		1,000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> LOCKHEED MARTIN EMPLOYEES PAC 1725 JEFFERSON DAVIS HIGHWAY ARLINGTON VA 22202	Name of Employer  Occupation	Date (month, day, year)  06/05/98	Amount of Each Receipt this Period  2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,000.00		2,000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> LUCENT TECHNOLOGIES PAC 900 19TH STREET, NW WASHINGTON DC 20006	Name of Employer  Occupation	Date (month, day, year)  06/15/98	Amount of Each Receipt this Period  500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> MAGAZINE PUBLISHERS ASSN PAC 1211 CONNECTICUT AVENUE, NW WASHINGTON DC 20036	Name of Employer  Occupation	Date (month, day, year)  05/11/98	Amount of Each Receipt this Period  500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		500.00
<b>G. Full Name, Mailing Address and ZIP Code</b> MATSON FEDERAL ELECTION COMMITTEE 333 MARKET STREET SAN FRANCISCO CA 94105	Name of Employer  Occupation	Date (month, day, year)  06/05/98	Amount of Each Receipt this Period  1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		1,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 6,250.00

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

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCDERMOTT, WILL & EMERY PAC 1200 18TH STREET, NW WASHINGTON DC 20036	Occupation	06/30/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MERRILL LYNCH POLITICAL ACTION COM 3000 K STREET, NW WASHINGTON DC 20007	Occupation	05/15/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MID-AM DAIRYMEN (DEPAC) 3253 E. CHESTNUT EXPRESSWAY SPRINGFIELD MO 65802	Occupation	05/15/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORGAN STANLEY & CO GOOD GOV FUND 1585 BROADWAY NEW YORK NY 10036	Occupation	04/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MUTUAL OF OMAHA COMPANIES PAC MUTUAL OF OMAHA PLAZA OMAHA NE 68175	Occupation	06/08/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NALCO CHEMICAL COMPANY PAC ONE NALCO CENTER NAPERVILLE IL 60563	Occupation	06/08/98	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL APARTMENT ASSN PAC 201 NORTH UNION STREET ALEXANDRIA VA 22314	Occupation	05/15/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 7,500.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL FRANCHISE ASSN PAC 607 CABOT WAY NAPA CA 94559			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL MULTI HOUSING COUNCIL PAC 1850 M STREET, NW WASHINGTON DC 20036			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATL ASSN - HEALTH UNDERWRITERS PAC 1000 CONNECTICUT AVE., NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATL ASSN AIR TRAFFIC SPECIALISTS 11303 AMHERST AVENUE WHEATON MD 20902			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATL ASSN CHAIN DRUG STORES PAC 413 N. LEE STREET ALEXANDRIA VA 22313			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATL ASSN MORTGAGE BROKERS PAC 8201 GREENSBORO DRIVE MCLEAN VA 22102			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/01/98	
	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATL GOOD GOVT FUND 2300 FIRST CITY TOWER HOUSTON TX 77002			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/27/98	
	Aggregate Year-to-Date > \$	3,000.00	3,000.00

SUBTOTAL of Receipts This Page (optional)..... 7,250.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEW YORK LIFE - P.A.C. 51 MADISON AVENUE NEW YORK NY 10010			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEW YORK STOCK EXCHANGE PAC 1800 K STREET, NW WASHINGTON DC 20006			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NMU P.L.O.W. 1125 15TH STREET, NW WASHINGTON DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NTL ASSN POSTMASTERS PAC 8 HERBERT STREET ALEXANDRIA VA 22305			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NTL ASSOC LIFE UNDERWRITERS PAC 1922 F. STREET, NW WASHINGTON DC 20006			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/11/98	
	Aggregate Year-to-Date > \$	5,000.00	5,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NTL COM TO PRESERVE SOCIAL SECURITY 2000 K STREET, NW WASHINGTON DC 20006			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NTL COMM PHARMACISTS ASSN P.A.C. 205 DAINGERFIELD ROAD ALEXANDRIA VA 22314			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 11,000.00

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

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separated schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OIL, CHEM. & ATOMIC WRKRS POL. FND 1601 FOURTH STREET WESTWEGO LA 70094			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/05/98	
	Aggregate Year-to-Date > \$	125.00	125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OXYPAC 10889 WILSHIRE BOULEVARD LOS ANGELES CA 90024			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/01/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC OF NATL MINING ASSN (COALPAC) 1130 17TH STREET, NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAC OF NATL MINING ASSN (MINEPAC) 1130 17TH STREET, NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	2,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAINWEBBER FUND FOR BETTER GOVT 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEAT MARWICK/PAC POST OFFICE BOX 18254 WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	2,000.00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PENNEYPAC POST OFFICE BOX 227481 DALLAS TX 75222			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/12/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 7,125.00

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

98020142104

## SCHEDULE A

## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (in Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILLIPS PETROLEUM COMPANY PAC 1776 EYE STREET, NW WASHINGTON DC 20006	Occupation	06/08/98	1,000.66
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,001.32	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POLITICAL ACTION BY COORS EMPLOYEES POST OFFICE BOX 4030 GOLDEN CO 80401	Occupation	05/22/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POWER PAC OF EDISON ELECTRIC INST 701 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20004	Occupation	06/30/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRICE WATERHOUSE PARTNERS' PAC 1301 K STREET, NW WASHINGTON DC 20005	Occupation	06/26/98	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRINCIPAL FINANCIAL GROUP (PRINPAC) 711 HIGH STREET DES MOINES IA 50392	Occupation	06/05/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRINCIPAL FINANCIAL GROUP (PRINPAC) 711 HIGH STREET DES MOINES IA 50392	Occupation	06/15/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PUTNAM INVEST. PUB. AFFAIRS COMM. ONE POST OFFICE SQUARE BOSTON MA 02109	Occupation	06/05/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional)..... 7,500.66

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
QUAKERS OAT-PAC 321 N. CLARK STREET CHICAGO IL 60604			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYTHEON PAC 141 SPRING STREET LEXINGTON MA 02173			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REALTORS PAC (R. P. A. C.) 430 N. MICHIGAN AVENUE CHICAGO IL 60611			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/05/98	
	Aggregate Year-to-Date > \$	3,000.00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SKADDEN ARPS PAC 1440 NEW YORK AVENUE WASHINGTON DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SOC. IND. GAS. MARKETERS (SIGMAPAC) 11911 FREEDOM DRIVE RESTON VA 20190			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SRV EMP INTL UNION (SEIU COPE) 1313 L STREET, N.W. WASHINGTON DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/08/98	
	Aggregate Year-to-Date > \$	2,500.00	2,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEWART & STEVENSON GOOD GOV COMM POST OFFICE BOX 1637 HOUSTON TX 77251			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/27/98	
	Aggregate Year-to-Date > \$	3,000.00	3,000.00

**SUBTOTAL** of Receipts This Page (optional)..... 11,500.00

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

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## ITEMIZED RECEIPTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUN COMPANY INC. PAC 555 13TH STREET WASHINGTON DC 20004			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	2,000.00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SWEPCO PAC (SW ELECT. POWER CO.) POST OFFICE BOX 21106 SHREVEPORT LA 71156			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	2,500.00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEAM AMERITECH PAC POST OFFICE BOX 27768 WASHINGTON DC 20038			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	3,000.00	3,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TELEVISION & RADIO PAC 1771 N STREET, NW WASHINGTON DC 20036			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEXACO POLITICAL INVOLVEMENT COMM 1050 17TH STREET, NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/15/98	
	Aggregate Year-to-Date > \$	1,250.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEXACO POLITICAL INVOLVEMENT COMM 1050 17TH STREET, NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	1,500.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEXAS UTILITIES COMPANY PAC 1601 BRYAN STREET DALLAS TX 75201			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/05/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 10,750.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>  TEXTRON INC. PAC POST OFFICE BOX 878 PROVIDENCE RI 02901  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  06/19/98	<b>Amount of Each Receipt this Period</b>   500.00
Aggregate Year-to-Date > \$		500.00	500.00
<b>B. Full Name, Mailing Address and ZIP Code</b>  THE BLUEBONNET FUND PAC 3000 ONE SHELL PLAZA HOUSTON TX 77002  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  05/27/98	<b>Amount of Each Receipt this Period</b>   1,000.00
Aggregate Year-to-Date > \$		1,000.00	1,000.00
<b>C. Full Name, Mailing Address and ZIP Code</b>  THE HARTFORD ADVOCATES FUND 1101 CONNECTICUT AVENUE, NW WASHINGTON DC 20036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  06/15/98	<b>Amount of Each Receipt this Period</b>   500.00
Aggregate Year-to-Date > \$		1,000.00	500.00
<b>D. Full Name, Mailing Address and ZIP Code</b>  THE HARTFORD ADVOCATES FUND 1101 CONNECTICUT AVENUE, NW WASHINGTON DC 20036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  06/15/98	<b>Amount of Each Receipt this Period</b>   500.00
Aggregate Year-to-Date > \$		1,500.00	500.00
<b>E. Full Name, Mailing Address and ZIP Code</b>  THE NATIONAL PAC 600 PENNSYLVANIA AVENUE, SE WASHINGTON DC 20003  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  05/15/98	<b>Amount of Each Receipt this Period</b>   5,000.00
Aggregate Year-to-Date > \$		5,000.00	5,000.00
<b>F. Full Name, Mailing Address and ZIP Code</b>  TIDEWATER, INC. PAC 1440 CANAL STREET NEW ORLEANS LA 70112  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  06/08/98	<b>Amount of Each Receipt this Period</b>   250.00
Aggregate Year-to-Date > \$		250.00	250.00
<b>G. Full Name, Mailing Address and ZIP Code</b>  TRANSPORATION POL. EDUC. LEAGUE 14600 DETROIT AVENUE CLEVELAND OH 44107  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b>  06/05/98	<b>Amount of Each Receipt this Period</b>   1,000.00
Aggregate Year-to-Date > \$		1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional).....			8,750.00
TOTAL This Period (last page this line number only).....			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRAVELERS GROUP PAC (TRAVPAC) 388 GREENWICH STREET NEW YORK NY 10013	Occupation	05/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TROUTMAN SANDERS P.A.C. 600 PEACHTREE STREET ATLANTA GA 30308	Occupation	05/15/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TX-NM POWER CO RESP GOVT PAC POST OFFICE BOX 2943 FORT WORTH TX 76113	Occupation	04/20/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION PACIFIC FUND FOR EFFCTV GOV 600 THIRTEENTH STREET, NW WASHINGTON DC 20005	Occupation	05/04/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	3,500.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION PACIFIC FUND FOR EFFCTV GOV 600 THIRTEENTH STREET, NW WASHINGTON DC 20005	Occupation	06/05/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,000.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION PACIFIC RESOURCES PAC 600 THIRTEENTH STREET, NW WASHINGTON DC 20005	Occupation	04/20/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION PACIFIC RESOURCES PAC 600 THIRTEENTH STREET, NW WASHINGTON DC 20005	Occupation	04/20/98	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	4,000.00	2,000.00
SUBTOTAL of Receipts This Page (optional).....			6,500.00
TOTAL This Period (last page this line number only).....			

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNION PACIFIC RESOURCES PAC 600 THIRTEENTH STREET, NW WASHINGTON DC 20005			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	5,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED HEALTHCARE CORP. POL. FUND 1620 L STREET, NW WASHINGTON DC 20036			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/27/98	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED REPUBLICAN FUND OF ILLINOIS 100 W. MONROE STREET CHICAGO IL 60603			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED SPACE ALLIANCE PAC 1150 GEMINI AVENUE HOUSTON TX 77058			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/19/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED TEACHERS OF NEW ORLEANS PAC 4370 LOUISA DRIVE NEW ORLEANS LA 70126			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/08/98	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WELLPOINT HEALTH NETWORKS PAC  WOODLAND HILLS CA 91367			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/10/98	
	Aggregate Year-to-Date > \$	2,000.00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHITE & CASE PAC 601 THIRTEENTH STREET, NW WASHINGTON DC 20005			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/11/98	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

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

6,250.00

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

235,963.74

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 12

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>  VICTORY & LOUISIANA-FEDERAL 430 S. CAPITOL STREET, SE WASHINGTON DC 20003  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 13,752.81	Date (month, day, year)  04/29/98	Amount of Each Receipt this Period  34.94
<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.94
<b>TOTAL</b> This Period (last page this line number only).....	34.94

78020143171

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF  
FOR LINE NUMBER  
14

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**NAME OF COMMITTEE (in Full)**

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>  WASTE MANAGEMENT OF LOUISIANA 3003 BUTTERFIELD ROAD OAKBROOK IL 60523 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 50.00	Date (month, day, year)  04/03/98	Amount of Each Receipt this Period  50.00
<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	50.00

7 0 0 2 0 1 4 2 1 / 2

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separated 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)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITY NATIONAL BANK POST OFFICE BOX 1231 BATON ROUGE LA 70821			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/10/98	
	Aggregate Year-to-Date > \$	2,808.81	2,808.81
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALDSON, LUFKIN & JENRETTE 277 PARK AVENUE NEW YORK NY 10172			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/24/98	
	Aggregate Year-to-Date > \$	12,289.52	12,289.52
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALDSON, LUFKIN & JENRETTE 277 PARK AVENUE NEW YORK NY 10172			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/29/98	
	Aggregate Year-to-Date > \$	25,432.90	13,143.38
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALDSON, LUFKIN & JENRETTE 277 PARK AVENUE NEW YORK NY 10172			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	39,996.94	14,564.04
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIDELITY BANK & TRUST POST OFFICE BOX 41046 BATON ROUGE LA 70835			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	04/30/98	
	Aggregate Year-to-Date > \$	1,907.73	1,907.73
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIDELITY BANK & TRUST POST OFFICE BOX 41046 BATON ROUGE LA 0835			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	05/31/98	
	Aggregate Year-to-Date > \$	3,487.37	1,579.64
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIDELITY BANK & TRUST POST OFFICE BOX 41046 BATON ROUGE LA 70835			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	06/30/98	
	Aggregate Year-to-Date > \$	3,967.29	479.92

**SUBTOTAL** of Receipts This Page (optional)..... 46,773.04

**TOTAL** This Period (last page this line number only)..... 46,773.04

9302014213

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 40
	FOR LINE NUMBER 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)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A CATERED AFFAIR 450 MAIN STREET BATON ROUGE LA 70802	EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/98	958.70
B. Full Name, Mailing Address and ZIP Code ALISCIA R. ROGERS 9228 FLORIDA BLVD., APT # 7 BATON ROUGE LA 70815	TRAVEL: TAXI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/98	11.00
C. Full Name, Mailing Address and ZIP Code ALL AMERICAN APRONS 3906 DESIARD STREET MONROE LA 71203	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	194.00
D. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS SUITE 0001 CHICAGO IL 60679	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	118.29
E. Full Name, Mailing Address and ZIP Code RADIOSHACK 9607 CORTANA PLACE BATON ROUGE, LA 70815	COMPUTER EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	118.29 -MEMO-
F. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS SUITE 0001 CHICAGO IL 60679	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	358.93
G. Full Name, Mailing Address and ZIP Code SOUTHWEST AIRLINES MOISANT AIRPORT NEW ORLEANS, LA	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	358.93 -MEMO-
H. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS SUITE 0001 CHICAGO IL 60679	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	551.99
I. Full Name, Mailing Address and ZIP Code DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	380.00 -MEMO-

**SUBTOTAL** of Disbursements This Page (optional) ..... 2,192.91

**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 40  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	CAPITAL HILL SUITES 200 C STREET SE WASHINGTON, D. C. 20003	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	171.99 -MEMO-
	B. Full Name, Mailing Address and ZIP Code ANDREW BYRD 201 4TH AVENUE NORTH, STE 1250 NASHVILLE TN 37219	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	232.52
	C. Full Name, Mailing Address and ZIP Code ANNE OLAMEY 607 BASHFORD LANE, # 4 ALEXANDRIA VA 22314	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	121.00
	D. Full Name, Mailing Address and ZIP Code ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	3,000.00
	E. Full Name, Mailing Address and ZIP Code ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	3,000.00
	F. Full Name, Mailing Address and ZIP Code ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	1,842.99
*	G. Full Name, Mailing Address and ZIP Code FOUR SEASONS HOTEL 1300 LAMAR STREET HOUSTON, TX 77010	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	613.90 -MEMO-
*	H. Full Name, Mailing Address and ZIP Code THE BAY HARBOR INN 9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	647.77 -MEMO-
*	I. Full Name, Mailing Address and ZIP Code ASSETS CONSULTING, INC. 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	TELEPHONE/COURIER/PARKING/TAXI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	581.32 -MEMO-

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

8,196.51

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 3 OF 40  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	3,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	3,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	3,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH VA 22046	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,748.30
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE DRAKE HOTEL 140 E WALTON PLACE CHICAGO, IL 60611-1545	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	642.12 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSETS CONSULTING SERVICES 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	TELEPHONE/POSTAGE/SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,106.18 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ASSOCIATED PRINTING POST OFFICE BOX 5421 BOSSIER CITY LA 71111	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	1,444.06
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 30247 TAMPA FL 32630	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	348.69

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

15,541.05

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 4 OF 40  
FOR LINE NUMBER  
17

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 78522 PHOENIX AZ 85062	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	211.05
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 30247 TAMPA FL 32630	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	64.93
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 78225 PHOENIX AZ 85062	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	679.16
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 30247 TAMPA FL 32630	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	84.71
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT&T POST OFFICE BOX 78522 PHOENIX AZ 85062	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	218.60
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BANK OF COMMERCE & TRUST CO P.O. BOX 248 CROWLEY LA 70527	BANK CHRG Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1.59
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BANNERS PLUS 415 KINGS HIGHWAY SHREVEPORT LA 71104	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/98	987.24
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BARBARA KALTENBACH/PRG 12204 HICKORYWOOD COURT POTOMAC MD 20854	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	1,858.62
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BARBARA KALTENBACH/PRG 12204 HICKORYWOOD COURT POTOMAC MD 20854	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,057.88

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

5,163.78

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BASE LIMOUSINE SERVICE POST OFFICE BOX 1372 SKOKIE IL 60076	TRAVEL:TAXI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	743.75
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC POST OFFICE BOX 646 BALTIMORE MD 21265	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	24.04
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC POST OFFICE BOX 646 BALTIMORE MD 21265	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	24.61
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC POST OFFICE BOX 646 BALTIMORE MD 21265	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	37.75
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC POST OFFICE BOX 646 BALTIMORE MD 21265	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	23.02
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	303.74
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	434.77
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	387.84
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	30.75

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

2,010.27

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (in Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	312.71
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC MOBILE POST OFFICE BOX 42556 PHILADELPHIA PA 19101	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	36.85
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC PAGING, INC. POST OFFICE BOX 64010 BALTIMORE MD 21264	EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	73.85
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	39.86
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 365 CANAL STREET, ROOM 810 NEW ORLEANS LA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	835.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/98	131.75
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/98	269.60
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 365 CANAL STREET ROOM 810 GA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	652.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	34.21

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

2,386.23

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140		06/01/98	36.61
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140		06/05/98	108.83
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140		06/10/98	708.86
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140		06/24/98	42.69
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH 85 ANNEX ATLANTA GA 70140		06/24/98	19.40
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374		04/02/98	177.11
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374		04/28/98	25.86
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374		04/29/98	87.32
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374		05/19/98	440.65

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

1,647.33

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	80.49
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BELL SOUTH MOBILITY POST OFFICE BOX 740319 ATLANTA GA 30374	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	99.61
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BLUE CROSS BLUE SHIELD POST OFFICE BOX 70874 CHICAGO IL 60673	INSURANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/98	329.59
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BONDPAC 1445 NEW YORK AVENUE NW WASHINGTON DC 20005	POSTAGE/PRINTING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/08/98	134.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BRG/PHONES PLUS, INC. 8514 AIRWAY DRIVE BATON ROUGE LA 70806	EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	2,667.12
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BUDGET RENT-A-CAR POST OFFICE BOX 3287 LAFAYETTE LA 70502	LEASE: AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	532.17
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BUDGET RENT-A-CAR POST OFFICE BOX 3287 LAFAYETTE LA 70502	LEASE: AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	532.17
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BUDGET RENT-A-CAR POST OFFICE BOX 3287 LAFAYETTE LA 70502	LEASE: AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	542.17
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
C. KRIS KIRKPATRICK 8550 UNITED PLAZA BLVD. BATON ROUGE LA 70502	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	66.25

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

4,983.85

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
C. KRIS KIRKPATRICK 8550 UNITED PLAZA BLVD. SUITE 800 LA 70502	TRAVEL:MILEAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/29/98	247.33
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
C. KRIS KIRKPATRICK 8550 UNITED PLAZA BLVD. SUITE 800 LA 70502	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	117.05
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANTRELL CUTTER 1789 OLIVE STREET CAPITAL HEIGHTS MD 20743	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	219.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANTRELL CUTTER 1789 OLIVE STREET CAPITAL HEIGHTS MD 20743	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	10.95
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL I. SPEER 2044 LAKE HILLS PARKWAY BATON ROUGE LA 70520	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/98	990.20
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL I. SPEER 2044 LAKE HILLS PARKWAY BATON ROUGE LA 70520	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	990.20
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL I. SPEER 2044 LAKE HILLS PARKWAY BATON ROUGE LA 70520	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	990.20
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL I. SPEER 2044 LAKE HILLS PARKWAY BATON ROUGE LA 70520	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	990.20
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAROL I. SPEER 2044 LAKE HILLS PARKWAY BATON ROUGE LA 70520	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	990.20

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

5,545.33

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

C00215830

### ITEMIZED DISBURSEMENTS

PAGE	10	OF	40
FOR LINE NUMBER			
17			

NAME OF COMMITTEE (In Full)

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b> CHASE VISA POST OFFICE BOX 52050 PHOENIX AZ 85072	<b>Purpose of Disbursement</b> <b>SEE MEMO</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 05/12/98	<b>Amount of Each Disbursement This Period</b> 192.00
<b>B. Full Name, Mailing Address and ZIP Code</b> NORTHWEST AIRLINES NATIONAL AIRPORT BATON ROUGE, LA	<b>Purpose of Disbursement</b> <b>TRAVEL: AIRFARE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 05/12/98	<b>Amount of Each Disbursement This Period</b> 192.00 -MEMO-
<b>C. Full Name, Mailing Address and ZIP Code</b> CHICAGO CLUB 81 EAST VAN BUREN STREET CHICAGO IL 70737	<b>Purpose of Disbursement</b> <b>FUNDRAISER EVENT EXPENSES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 05/21/98	<b>Amount of Each Disbursement This Period</b> 2,385.31
<b>D. Full Name, Mailing Address and ZIP Code</b> CLARK'S SUPERMARKET, INC. ROUTE 1, BOX 436-2 ST. MICHAELS MD 21663	<b>Purpose of Disbursement</b> <b>MEALS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 04/20/98	<b>Amount of Each Disbursement This Period</b> 1,205.55
<b>E. Full Name, Mailing Address and ZIP Code</b> CLARKE AMERICAN POST OFFICE BOX 591 BATON ROUGE LA 70821	<b>Purpose of Disbursement</b> <b>OFFICE SUPPLIES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 06/18/98	<b>Amount of Each Disbursement This Period</b> 205.87
<b>F. Full Name, Mailing Address and ZIP Code</b> CLARKE AMERICAN POST OFFICE BOX 591 BATON ROUGE LA 70821	<b>Purpose of Disbursement</b> <b>OFFICE SUPPLIES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 06/25/98	<b>Amount of Each Disbursement This Period</b> 45.93
<b>G. Full Name, Mailing Address and ZIP Code</b> COASTAL CORPORATION 9 GREENWAY PLAZA HOUSTON TX 77046	<b>Purpose of Disbursement</b> <b>TRAVEL: AIRFARE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 04/02/98	<b>Amount of Each Disbursement This Period</b> 946.00
<b>H. Full Name, Mailing Address and ZIP Code</b> COMMUNITY COFFEE POST OFFICE BOX 200143 HOUSTON TX 77216	<b>Purpose of Disbursement</b> <b>CONSTITUENT: REFRESHMENTS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 04/02/98	<b>Amount of Each Disbursement This Period</b> 284.08
<b>I. Full Name, Mailing Address and ZIP Code</b> COMMUNITY COFFEE POST OFFICE BOX 200143 HOUSTON TX 77216	<b>Purpose of Disbursement</b> <b>CONSTITUENT: REFRESHMENTS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month day, year)</b> 04/15/98	<b>Amount of Each Disbursement This Period</b> 21.50

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

5,286.24

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

[illegible]



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 OF 40
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COMMUNITY COFFEE POST OFFICE BOX 200143 HOUSTON TX 77216	CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/29/98	119.96
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COMMUNITY COFFEE POST OFFICE BOX 200143 HOUSTON TX 77216	CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	165.22
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COMMUNITY COFFEE POST OFFICE BOX 200143 HOUSTON TX 77216	CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	89.99
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL LIQUOR 404 1ST STREET SE WASHINGTON DC 20003	MARDI GRAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	881.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CORT FURNITURE RENTAL 4810 CONSTITUTION AVENUE BATON ROUGE LA 70808	LEASE: FURNITURE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	445.90
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CORT FURNITURE RENTAL 4810 CONSTITUTION AVENUE BATON ROUGE LA 70808	LEASE: FURNITURE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	445.90
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CORT FURNITURE RENTAL 4810 CONSTITUTION AVENUE BATON ROUGE LA 70808	LEASE: FURNITURE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	445.50
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CURTIS ENTERPRIZES OF TEXAS 611 CANDY ROAD PIPE CREEK TX 78063	MARDI GRAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	47.52
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DATA NEWS 1ST RESTORATION 3501 NAPOLEON AVENUE NEW ORLEANS LA 70125	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	688.45

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

3,329.72

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DAVID BLUMENTELD-PHOTOGRAPHER 640-A DAUPHINE STREET NEW ORLEANS LA 70112	PHOTOGRAPHY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	170.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DELHOMME FLORIST POST OFFICE BOX 3363 LAFAYETTE LA 70502	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	53.75
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DISTRICT NO. 1-PCB, MEBA 444 NORTH CAPITOL STREET NW WASHINGTON DC 70502	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	400.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD CRAVINS, JR 5721 CHERRYL DRIVE BATON ROUGE LA 70502	TRAVEL: PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	4.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYL DRIVE BATON ROUGE LA 70814	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1,609.87
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYL DRIVE BATON ROUGE LA 70814	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,609.87
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYL DRIVE BATON ROUGE LA 70814	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	14.78
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYL DRIVE BATON ROUGE LA 70814	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	1,609.87
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYLD RIVE BATON ROUGE LA 70814	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	1,609.87

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

7,082.51

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DONALD R. CRAVINS, JR. 5721 CHERRYL DRIVE BATON ROUGE LA 70814	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,609.87
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DOUG LACAZE 10340 HIGHWAY 1 SHREVEPORT LA 71115	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/98	280.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUANE'S CRAWFISH FARM, INC. 2177 CEMETERY ROAD VILLE PLATTE LA 70586	FUNDRAISER EVT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	3,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDWARD A. WISHAM, JR. POST OFFICE BOX 3002 BATON ROUGE LA 70821	EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	24.80
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDWARD A. WISHAM, JR. POST OFFICE BOX 3002 BATON ROUGE LA 70821	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	400.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ELECTRONIC BUSINESS SYSTEMS POST OFFICE BOX 15874 BATON ROUGE LA 70895	LEASE:EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	371.55
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ELECTRONIC BUSINESS SYSTEMS, POST OFFICE BOX 15874 BATON ROUGE LA 70895	LEASE:EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	324.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ELECTRONIC BUSINESS SYSTEMS, POST OFFICE BOX 15874 BATON ROUGE LA 70895	LEASE:EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	414.34
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ESSEX SUPPER CLUB 847 MONTGOMERY STREET SAN FRANCISCO, CA TX 78205	FUNDRAISER EVENT EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	758.15

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

7,182.71

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EXXON POST OFFICE BOX 9722 MACON GA 31297	TRAVEL: GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	7.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EXXON POST OFFICE BOX 9722 MACON GA 31297	TRAVEL: GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	50.82
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS POST OFFICE BOX 1140 MEMPHIS TN 38101	COURIER SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	247.50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS POST OFFICE BOX 1140 MEMPHIS TN 38101	COURIER SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	593.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS POST OFFICE BOX 1140 MEMPHIS TN 38101	COURIER SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	341.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIDELITY BANK & TRUST 9400 OLD HAMMOND HIGHWAY BATON ROUGE LA 70809	PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/98	5,883.80
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIDELITY BANK & TRUST POST OFFICE BOX 41046 BATON ROUGE LA 70835	WIRE TRANSFER FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/22/98	15.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIDELITY BANK & TRUST 9400 OLD HAMMOND HIGHWAY BATON ROUGE LA 70809	PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	8,831.16
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIDELITY BANK & TRUST POST OFFICE BOX 41046 BATON ROUGE LA 70835	WIRE TRANSFER FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/21/98	15.00

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

15,985.28

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	90.23
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PARTY TIME, INC. 1897 W. PINHOOK ROAD LAFAYETTE, LA 70503	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	90.23 -MEMO-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	742.66
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
RAMADA INN 5116 MONKHOUSE ROAD SHREVEPORT, LA 71109	EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	400.56 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LE BOSSIER HOTEL 711 HORSESHOE BLVD BOSSIER CITY, LA 7111	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	278.42 -MEMO-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GUESTHOUSE INN 2716 NE EVANGELINE THRUWAY LAFAYETTE, LA	EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	33.73 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OLYMPIA BOOKS 208 S FRONT STRET DOWAGIAC, MI 49047	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	29.95 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	122.10
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LE BOSSIER HOTEL 711 HORSESHOE BLVD. SHREVEPORT, LA 71111	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	122.10 -MEMO-

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

954.99

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

6013410027

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	1,498.41
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HOTEL INTER-CONTINENTAL 444 ST. CHARLES AVENUE NEW ORLEANS, LA 70130	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	872.91 -MEMO-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. SENATE GIFT SHOP FIRST & C STREETS WASHINGTON, DC 20510	CONSTITUENT: GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	430.50 -MEMO-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NORTHWEST AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	195.00 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	3,242.38
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
US AIRWAYS NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,020.00 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AMERICAN AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,570.00 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	537.00 -MEMO-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WOMEN'S NATL DEMOCRATIC CLUB 1526 NEW HAMPSHIRE AVENUE WASHINGTON, D. C. 2003	DUES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	50.00 -MEMO-

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

4,740.79

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
* FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS, LA 70160	FINANCE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	65.38 -MEMO-
B. Full Name, Mailing Address and ZIP Code FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	Purpose of Disbursement SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	319.00
* C. Full Name, Mailing Address and ZIP Code FOUR SEASONS HOTEL 1300 LAMAR STREET HOUSTON, TX 77010	Purpose of Disbursement TRAVEL; LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	298.12 -MEMO-
* D. Full Name, Mailing Address and ZIP Code KINKO'S CAPITAL HILL 317 PENNSYLVANIA AVENUE NW WASHINGTON, D. C. 20003	Purpose of Disbursement DUPLICATING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	20.88 -MEMO-
E. Full Name, Mailing Address and ZIP Code FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	Purpose of Disbursement SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,562.66
* F. Full Name, Mailing Address and ZIP Code WASTE MANAGEMENT OF LAFAYETTE 111 WINFRED ROAD LAFAYETTE, LA 70506	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	150.00 -MEMO-
* G. Full Name, Mailing Address and ZIP Code OFFICE DEPOT 4670 JOHNSTON STREET LAFAYETTE, LA 70503	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	75.26 -MEMO-
* H. Full Name, Mailing Address and ZIP Code ALBERTSON'S GROCERY 2678 JOHNSTON STREET LAFAYETTE, LA 70501	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	480.28 -MEMO-
* I. Full Name, Mailing Address and ZIP Code LAFAYETTE RENTAL SERVICE 1014 BERTRANS DRIVE LAFAYETTE, LA 70506	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	857.12 -MEMO-

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

1,881.66

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	7,154.30
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AMERICAN AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	3,527.00 -MEMO-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
US AIRWAYS NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	2,427.00 -MEMO-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CONTINENTAL AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	768.00 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TRUMP AIR NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	202.00 -MEMO-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
A-1 HOUSE OF FLOWERS 216 N. FRANKLIN BLYTHEVILLE, AK 72315	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	43.05 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. SENATE GIFT SHOP FIRST & C STREETS WASHINGTON, D. C. 20510	CONSTITUENT: GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	21.00 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HILTON HOTELS AIRPORT 901 AIRLINE HIGHWAY KENNER, LA 70062	CONSTITUENT: GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	166.25 -MEMO-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	334.00

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

7,488.30

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	CONTINENTAL AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	334.00 -MEMO-
	B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	449.06
*	C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	SOUTHWEST AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL; LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	350.00 -MEMO-
*	D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	PALACE CAFE 501 CANAL STREET NEW ORLEANS, LA	TRAVEL: MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	73.98 -MEMO-
*	E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	OMNI ROYAL ORLEANS 320 ST. LOUIS ST NEW ORLEANS, LA	TRAVEL: MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	13.77 -MEMO-
*	F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	OMNI ROYAL ORLEANS 320 ST. LOUIS NEW ORLEANS, LA 70140	TRAVEL: MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	11.31 -MEMO-
	G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	1,849.49
*	H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	WALMART 3535 PERKINS ROAD BATON ROUGE, LA 70808	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	78.39 -MEMO-
*	I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	BARNES & NOBLE 2590 CITIPLACE COURT BATON ROUGE, LA 70808	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	28.19 -MEMO-

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

2,298.55

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	424.00 -MEMO-
*	B. Full Name, Mailing Address and ZIP Code  RICHMOND SUITES 5668 HILTON AVENUE BATON ROUGE, LA 70808-2524	Purpose of Disbursement TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	148.58 -MEMO-
*	C. Full Name, Mailing Address and ZIP Code  MASTERS, MATES & PILOTS 5700 HAMMONDS FERRY ROAD LINTHICUM HEIGHTS MD 20190	Purpose of Disbursement CONFERENCE REGISTRATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	237.00 -MEMO-
*	D. Full Name, Mailing Address and ZIP Code  HILTON HOTELS AIRPORT 901 AIRLINE HIGHWAY KENNER, LA 70062	Purpose of Disbursement TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	146.64 -MEMO-
*	E. Full Name, Mailing Address and ZIP Code  LE BOSSIER HOTEL 711 HORSESHOE BLVD. BOSSIER CITY, LA 71109	Purpose of Disbursement TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	278.02 -MEMO-
*	F. Full Name, Mailing Address and ZIP Code  OMNI ROYAL ORLEANS 320 ST. LOUIS STREET NEW ORLEANS, LA 70140	Purpose of Disbursement TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	337.97 -MEMO-
*	G. Full Name, Mailing Address and ZIP Code  FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS, LA 70160	Purpose of Disbursement FINANCE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	46.83 -MEMO-
*	H. Full Name, Mailing Address and ZIP Code  TEXACO PERKINS ROAD BATON ROUGE, LA	Purpose of Disbursement TRAVEL: GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	71.58 -MEMO-
*	I. Full Name, Mailing Address and ZIP Code  CITGO VETERANS MEMORIAL BLVD. METAIRIE, LA	Purpose of Disbursement TRAVEL: GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	52.29 -MEMO-

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	BANK CHRG Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	12.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	66.07
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SHELL OIL HIGHWAY 190 SLIDELL, LA	TRAVEL: GASOLINE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	39.00 -MEMO-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS, LA 70160	FINANCE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	27.07 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	860.62
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HARMONY COMPUTERS 1801 FLATBUSH AVENUE BROOKLYN, NY 11210	EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	698.79 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE PLACE RESTAURANT 5255 FLORIDA BLVD. BATON ROUGE, LA 70806	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	67.70 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NINFA'S MEXICAN RESTAURANT 4738 CONSTITUTION AVENUE BATON ROUGE, LA 70808	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	35.46 -MEMO-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NETCOM TWO N. 2ND ST, PLAZA A SAN JOSE, CA 95113	EQUIPMENT RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	17.38 -MEMO-

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

938.69

**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

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS, LA 70160	FINANCE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	41.29 -MEMO-
	B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	FIRST BANKCARD CENTER POST OFFICE BOX 60455 NEW ORLEANS LA 70160	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	3,381.45
	C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	SOUTHWEST AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	163.00 -MEMO-
	D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	US AIRWAYS NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	1,035.00 -MEMO-
	E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	U. S. SENATE GIFT SHOP FIRST & C STREETS WASHINGTON, D. C.	CONSTITUTENT: GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	161.00 -MEMO-
	F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	LA FLEURS FLORIST 1239 COOLIDGE BLVD. LAFAYETTE, LA 70505	CONSTITUTENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	41.93 -MEMO-
	G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	HOCK'S FLOWER SHOP 700 E ROBINSON STREET NORTH TONAWANDA, NY 14120	CONSTITUTENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	59.40 -MEMO-
	H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	THE KINGSMILL 1010 KINGSMILL ROAD WILLIAMSBURG, VA 23185	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	647.05 -MEMO-
	I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
*	OCCIDENTAL GRILLE 1475 PENNSYLVANIA AVENUE NW WASHINGTON, D. C. 20005	EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	314.00 -MEMO-

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

3,381.45

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

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NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

<b>A. Full Name, Mailing Address and ZIP Code</b>  LA COLLINE 400 N. CAPITOL STREET NW WASHINGTON, D. C. 20001	<b>Purpose of Disbursement</b>  <b>EVENT EXPENSES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  06/06/98	Amount of Each Disbursement This Period  601.00 - MEMO -
<b>B. Full Name, Mailing Address and ZIP Code</b>  CAFE LUXEMBOURG 200 W. 70TH ST @ AMSTERDAM NEW YORK, NY	<b>Purpose of Disbursement</b>  <b>EVENT EXPENSES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  06/06/98	Amount of Each Disbursement This Period  359.07 - MEMO -
<b>C. Full Name, Mailing Address and ZIP Code</b>  FIRST CARD POST OFFICE BOX 2004 ELGIN IL 60122	<b>Purpose of Disbursement</b>  <b>SEE MEMO</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  04/29/98	Amount of Each Disbursement This Period  50.00
<b>D. Full Name, Mailing Address and ZIP Code</b>  CIPPRIANIS 4550 CONCORD AVENUE BATON ROUGE, LA	<b>Purpose of Disbursement</b>  <b>MEALS</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  04/29/98	Amount of Each Disbursement This Period  50.00 - MEMO -
<b>E. Full Name, Mailing Address and ZIP Code</b>  FRANKLIN PRESS POST OFFICE BOX 1269 BATON ROUGE LA 70821	<b>Purpose of Disbursement</b>  <b>PRINTING</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  04/02/98	Amount of Each Disbursement This Period  211.68
<b>F. Full Name, Mailing Address and ZIP Code</b>  FRANKLIN PRESS POST OFFICE BOX 1269 BATON ROUGE LA 70821	<b>Purpose of Disbursement</b>  <b>PRINTING</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  05/19/98	Amount of Each Disbursement This Period  1,136.16
<b>G. Full Name, Mailing Address and ZIP Code</b>  FRANKLIN PRESS POST OFFICE BOX 1269 BATON ROUGE LA 70821	<b>Purpose of Disbursement</b>  <b>PRINTING</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  06/12/98	Amount of Each Disbursement This Period  898.56
<b>H. Full Name, Mailing Address and ZIP Code</b>  FRUIT OF THE LOOM 233 S. WACKER DRIVE, STE 500 CHICAGO IL 60606	<b>Purpose of Disbursement</b>  <b>TRAVEL: AIRFARE</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  05/19/98	Amount of Each Disbursement This Period  591.00
<b>I. Full Name, Mailing Address and ZIP Code</b>  GAIL WOLF 1901 ERASTE LANDRY ROAD APARTMENT # 1005 IL 60606	<b>Purpose of Disbursement</b>  <b>TRAVEL: TAXI</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year)  05/13/98	Amount of Each Disbursement This Period  22.50

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

2,909.90

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 24 OF 40
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**NAME OF COMMITTEE (in Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GMAC POST OFFICE BOX 630070 DALLAS TX 75263	LEASE:AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	627.72
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GREAT GRAPHICS 9908 MICHAEL SCHAR COURT VIENNA VA 22181	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	5,246.88
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GREATER ASIA BAPTIST CHURCH 3708 ST. BERNARD AVENUE NEW ORLEANS LA 70122	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	60.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GULF COAST OFFICE PRODUCTS 11825 SUN BELT COURT BATON ROUGE LA 70809	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	120.72
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GUMBEAUX MAGAZINE POST OFFICE BOX 982 LAKE CHARLES LA 70602	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	30.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
H.L. K. CONSULTING 1616 VOSS, SUITE 820 HOUSTON TX 77057	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	4,551.99
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HEALTHSOUTH CORPORATION ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 36243	TRAVEL:AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	404.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HEALTHSOUTH CORPORATION ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 36243	TRAVEL:AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	430.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HEALTHSOUTH CORPORATION ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 36243	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/16/98	2,323.40

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

13,794.71

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HOTEL BENTLEY 200 DESOTO ALEXANDRIA LA 71306	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	276.81
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
IMAGEGROUP, INC. POST OFFICE BOX 7495 SHREVEPORT LA 71137	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	334.27
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SERVICE POST OFFICE BOX 1214 CHARLOTTE NC 28201	PAYROLL TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	6,107.75
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SERVICE POST OFFICE BOX 1214 CHARLOTTE NC 28201	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	182.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SERVICE POST OFFICE BOX 1214 CHARLOTTE NC 28201	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/09/98	428.77
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
INTERNATIONAL TELEDATA GROUP 910 SIXTEENTH STREET, STE 1225 DENVER CO 80202	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	723.96
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JAMES W. NICKEL 2424 BROUSSARD BATON ROUGE NC 28201	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	2,489.62
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JAMES W. NICKEL 2424 BROUSSARD BATON ROUGE NC 28201	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	2,489.62
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JAMES W. NICKEL 2424 BROUSSARD BATON ROUGE NC 28201	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	2,489.62

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

15,522.42

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JAN BECKER POST OFFICE BOX 51421 LAFAYETTE LA 70505	TRAVEL:TAXI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	12.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JAN BECKER POST OFFICE BOX 51421 LAFAYETTE LA 70505	TRAVEL:PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	25.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JEAN BATES 211 N 3RD STREET MONROE LA 70505	CONSTITUENT:EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	35.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JO VINCENT 110 B EAST BROAD STREET FALLS CHURCH VA 22046	TELEPHONE/POSTAGE/COURIER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JTS MANAGEMENT CORPORATION 2431 S. ACADIAN THRUWAY BATON ROUGE LA 70808	LEASE:OFFICE SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	1,578.88
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JTS MANAGEMENT CORPORATION 2431 S. ACADIAN THRUWAY BATON ROUGE LA 70808	LEASE:OFFICE SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	1,578.88
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JTS MANAGEMENT CORPORATION 2431 S. ACADIAN THRUWAY BATON ROUGE LA 70808	LEASE:OFFICE SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	1,578.88
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KDYS POST OFFICE BOX 3345 LAFAYETTE LA 70502	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	98.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KYLE M. FRANCE 29 KRAMER PLACE MANDEVILLE LA 70808	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	600.20

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

5,806.84

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KYLE M. FRANCE 29 KRAMER PLACE MANDEVILLE LA 70808	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	600.20
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KYLE M. FRANCE 29 KRAMER PLACE MANDEVILLE LA 70808	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	600.20
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KYLE M. FRANCE 29 KRAMER PLACE MANDEVILLE LA 70808	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	600.20
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KYLE M. FRANCE 29 KRAMER PLACE MANDEVILLE LA 70808	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	600.20
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LA CAPITAL FEDERAL CREDIT UNION POST OFFICE BOX 3398 BATON ROUGE LA 70821	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	258.75
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MAILBOXES, INC. 2851 JOHNSTON STREET LAFAYETTE, LA 70503	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/98	60.85 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LE BOSSIER HOTEL 711 HORSESHOE BLVD. BOSSIER CITY, LA 71111	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	258.75 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LANNY KELLER 528 KIRBY STREET LAKE CHARLES LA 70808	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	20.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LISA BLANCHETT 4700 PINEHAVEN DRIVE SAGINAW MI 48603	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/15/98	260.61

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

2,940.16

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOONY B'LOONS, INC. 3305 W. ESPLANADE AVE., # A METAIRIE LA 70002	FUNDRAISER EVT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	943.95
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUIS A MARTINET SOCIETY POST OFFICE BOX 4321 BATON ROUGE LA 70821	VOID CHECK Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	-80.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUISIANA AIRCRAFT POST OFFICE BOX 74170 BATON ROUGE LA 70874	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	2,272.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUISIANA DEPARTMENT OF REVENUE POST OFFICE BOX 3440 BATON ROUGE LA 70823	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	492.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUISIANA DEPARTMENT OF REVENUE POST OFFICE BOX 3440 BATON ROUGE LA 70823	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	27.02
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUISIANA DEPT TRANSPORTATION POST OFFICE BOX 94245 BATON ROUGE LA 70804	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	30.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LYNETTE SAVOIE 501 MAGAZINE STREET NEW ORLEANS LA 70804	TRAVEL: PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	30.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MAIL BOXES, INC. 4955 W. NAPOLEON AVENUE METAIRIE LA 70001	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/13/98	21.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MARK W. HERBERT 211 N. THIRD STREET ROOM 102A LA 70804	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	248.00

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

3,984.16

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MEBA TRAINING PLAN 444 NORTH CAPITOL STREET NW WASHINGTON LA 70804	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	3,140.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1,117.58
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	TRAVEL: PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	198.48
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	366.58
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	10.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	366.58
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	366.58
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	TRAVEL: MILEAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/98	220.55
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MELISSA M. BROUSSARD 4205 WINFIELD STREET METAIRIE LA 70001	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	366.58

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

6,152.93

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
METROCALL 9490-A AIRLINE HIGHWAY BATON ROUGE LA 70815	LEASE: EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	48.27
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
METROCALL 9490-A AIRLINE HIGHWAY BATON ROUGE LA 70815	LEASE: EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	48.27
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MOREMAN, MOORE & COMPANY 820 JORDAN, SUITE 400 SHREVEPORT LA 71101	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/98	315.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MULTI-COMM AGENCY 2753 YORKTOWN DRIVE BATON ROUGE, LA 70808 LA 71101	MEDIA PURCHASE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/22/98	10,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NANCY JACOBSON 1300 CONNECTICUT AVE NW, 10TH WASHINGTON, D. C. 20036 DC 20036	VOID CHECK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	-,120.30
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NEW ORLEANS BOARD OF TRADE, L 316 BOARD OF TRADE PLACE NEW ORLEANS LA 70130	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	790.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NEW ORLEANS BOARD OF TRADE, L 316 BOARD OF TRADE PLACE NEW ORLEANS LA 70130	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	790.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NEW ORLEANS TRIBUNE 2335 ESPLANADE AVENUE NEW ORLEANS LA 70119	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	12.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OCTAVIAN TORRES POST OFFICE BOX 382827 BIRMINGHAM AL 35238	PHOTOGRAPHY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/16/98	255.00

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

12,138.24

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT POST OFFICE BOX 30292 SALT LAKE CITY UT 84130	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,052.40
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT POST OFFICE BOX 30292 SALT LAKE CITY UT 84130	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	763.35
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT POST OFFICE BOX 30292 SALT LAKE CITY UT 84130	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/98	48.77
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT POST OFFICE BOX 30292 SALT LAKE CITY UT 84130	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	76.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE MAX 9554 CORTANTA PLACE BATON ROUGE LA 70815	EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	242.96
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE MAX 3526 VETERANS MEMORIAL HWY METAIRIE LA 70002	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/98	9.77
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE OF CAMPAIGN FINANCE 8401 UNITED PLAZA BLVD. SUITE 200 UT 84130	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/98	40.50
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OFFICE OF EMPLOYMENT SECURITY POST OFFICE BOX 94050 BATON ROUGE LA 70804	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	361.73
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ORIENT EXPRESS POST OFFICE BOX 7927 GAITHERSBURG MD 20898	COURIER SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	35.75

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

2,631.23

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## SCHEDULE B

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PACIFIC VISIONS COMMUNICATIONS 9000 SUNSET BLD., SUITE 700 LOS ANGELES CA 90069	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	3,090.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PATRICK MURPHY 203 3RD STREET, NE WASHINGTON, D. C. 30003 DC 20003	VOID CHECK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	- ,200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PATTON'S CATERERS 3625 PARK BLVD. CHALMETTE LA 70049	FUNDRAISER EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	850.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PATTON'S CATERERS 3625 PARK BLVD. CHALMETTE LA 70049	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/06/98	6,154.58
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PENN & SCHOEN ASSOCIATES, INC 245 E. 92ND STREET NEW YORK NY 10128	CONTRACTUAL SVS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PERKINS COIE, LLP 1201 W. THIRD AVENUE, 40TH FLR SEATTLE WA 98101	CONTRACTUAL SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	480.30
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PIATTI PRONTI 1221 6TH AVENUE NEW YORK, NY 10020 WA 98101	FUNDRAISER EVENT EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/08/98	353.80
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PITNEY BOWES POST OFFICE BOX 85390 LOUISVILLE KY 40285	LEASE: EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	114.77
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PITNEY BOWES POST OFFICE BOX 85390 LOUISVILLE KY 40285	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	92.78

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

11,236.73

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PLANTASIA 17810 SOTILE DRIVE BATON ROUGE LA 70809	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	100.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PLANTASIA 17810 SOTILE DRIVE BATON ROUGE LA 70809	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	62.32
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PLANTASIA 17810 SOTILE DRIVE BATON ROUGE LA 70809	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	35.52
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PLANTASIA 17810 SOTILE DRIVE BATON ROUGE LA 70809	CONSTITUENT: FLOWERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	92.24
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PROGRESSIVE INSURANCE COMPANY POST OFFICE BOX 3415 BATON ROUGE LA 70821	INSURANCE: AUTOMOBILE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	25.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
QUALITY BRANDS, INC. POST OFFICE BOX 3970 LAFAYETTE LA 70501	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	611.52
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
QUIK PRINT 5015 FLORIDA BLVD. BATON ROUGE LA 70806	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	64.80
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
REBEL STAMP & SIGN POST OFFICE BOX 924 BATON ROUGE LA 70821	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/26/98	16.15
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
RED TOP EXPRESS 811 SPRING KNOLL DRIVE HERNDON LA 70806	TRAVEL: TAXI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	964.57

**SUBTOTAL** of Disbursements This Page (optional) ..... 1,972.56

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLEN VIEW AVENUE BATON ROUGE LA 70809	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1,176.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLEN VIEW AVENUE BATON ROUGE LA 70809	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,131.24
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLENVIEW AVENUE BATON ROUGE LA 70809	TRAVEL: PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	25.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLEN VIEW AVENUE BATON ROUGE LA 70809	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	1,131.24
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLEN VIEW AVENUE BATON ROUGE LA 70809	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	1,131.24
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT MANN 10249 GLEN VIEW AVENUE BATON ROUGE LA 70809	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,131.24
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SHANTRICE D. NORMAN 5501 TULLIS DRIVE NEW ORLEANS LA 70131	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	252.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SHREVEPORT LOUISIANA HAYRIDE, 509 MARKET STREET, SUITE 608 SHREVEPORT LA 71101	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/27/98	600.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SMART LEASE POST OFFICE BOX 51014 CAROL STREAM IL 60125	LEASE: AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	627.72

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

7,206.12

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## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
STRATEGIC ADVERTISING GROUP 234 LEE LANE, SUITE C COVINGTON LA 70433	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	723.35
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
STRATEGIC ADVERTISING GROUP 234 LEE LANE, SUITE C COVINGTON LA 70433	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	1,887.94
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
STRATEGIC ADVERTISING GROUP 234 LEE LANE, SUITE C COVINGTON LA 70433	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,036.60
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SUPERIOR BAR & GRILL CATERING 6123 LINE AVENUE SHREVEPORT LA 71106	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SUPERIOR BAR & GRILL CATERING 6123 LINE AVENUE SHREVEPORT LA 71106	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	4,123.03
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE 116 CLUB, INC. WASHINGTON, D. C. WASHINGTON LA 71106	MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	222.90
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE BARNETT COMPANY, INC. POST OFFICE BOX 66616 BATON ROUGE LA 70896	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	1,257.62
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE CHICAGO CLUB 61 EAST VAN BUREN ST CHICAGO IL 60505	FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	1,577.76
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE DRUM POST OFFICE BOX 1399 PONCHATOU LA 70454	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	10.00

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

11,089.20

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE MONROE DISPATCH POST OFFICE BOX 4823 MONROE LA 71211-4823 LA 70896	SUBSCRIPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	25.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVE NW, 550 WASHINGTON, D. C. 20004 DC 20004	VOID CHECK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/98	- ,127.02
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVE. NW, # 550 WASHINGTON LA 70896	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	1,207.54
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE TUTWILER 2021 PARK PLACE N ORTH BIRMINGHAM, AL 35201	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	212.03 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	184.00 -MEMO-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SOHO GRAND HOTEL 310 W. BROADWAY NEW YORK, NY 10013	TRAVEL: LODGING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	455.51 -MEMO-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFAE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	202.00 -MEMO-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AMTRAK UNION STATION WASHINGTON, D. C.	TRAVEL: TRAIN FARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	112.00 -MEMO-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVENUE NW WASHINGTON, D. C. 20004	TRAVEL: CAB FARE & PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	42.00 -MEMO-

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

1,105.52

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

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVE. NW, # 550 SUITE 550 LA 70896	LEASE: OFFICE SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	400.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVE. NW, # 550 SUITE 550 LA 70896	LEASE: OFFICE SPACE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVENUE NW WASHINGTON DC 20004	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	374.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
US AIRWAYS NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	292.00 -MEMO-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE POTOMAC GROUP 1455 PENNSYLVANIA AVENUE NW WASHINGTON, D. C. 20005	TRAVEL: CAB FARE/PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	82.00 -MEMO-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE RAYNE INDEPENDENT POST OFFICE BOX 428 RAYNE LA 70578	ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	162.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
THE SMITH-FREE GROUP 1401 K STREET NW, 12TH FLOOR WASHINGTON DC 20005	FUNDRAISER EVENT EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/98	702.90
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TIMOTHY D. HERNANDEZ POST OFFICE BOX 2692 NEW ORLEANS LA 70176	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	175.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TIMOTHY D. HERNANDEZ POST OFFICE BOX 2692 NEW ORLEANS LA 70176	TRAVEL: PARKING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	10.00

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

2,223.90

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## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTAL SERVICE POST OFFICE BOX 7247-0166 PHILADELPHIA PA 19170	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/06/98	1,024.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTAL SERVICE POST OFFICE BOX 7247-0166 PHILADELPHIA PA 19170	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTAL SERVICE C/O CITIBANK LOCKBOX OPERATION 1615 BRETT ROAD LA 70176	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	8.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTMASTER BATON ROUGE, LA 70801 BATON ROUGE LA 70176	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	160.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTMASTER WASHINGTON, D. C. BATON ROUGE LA 70176	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	320.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. POSTMASTER BATON ROUGE, LA 70801 BATON ROUGE LA 70176	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/12/98	640.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. SENATE EMP FED CREDIT CREDIT UNION VISA, 118 HART BL WASHINGTON LA 70176	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	460.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DELTA AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	460.00 -MEMO-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U. S. SENATE EMP FED CREDIT POST OFFICE BOX 77920 P. O. BOX 77920 LA 70176	SEE MEMO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	702.00

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

3,614.00

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## NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
* CONTINENTAL AIRLINES NATIONAL AIRPORT WASHINGTON, D. C.	TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/98	702.00 -MEMO-
B. Full Name, Mailing Address and ZIP Code U. S. SENATE EMPLOYEES FED CREDIT UNION VISA P. O. BOX 77920 LA 70176	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	34.59
C. Full Name, Mailing Address and ZIP Code THE CHIMES 3357 HIGHLAND ROAD BATON ROUGE LA 70802	Purpose of Disbursement MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	34.59 -MEMO-
D. Full Name, Mailing Address and ZIP Code U. S. SENATE RESTAURANT FIRST & C STREETS, N.E. WASHINGTON LA 70176	Purpose of Disbursement CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	309.83
E. Full Name, Mailing Address and ZIP Code U. S. SENATE RESTAURANT FIRST & C STREETS, N.E. WASHINGTON LA 70176	Purpose of Disbursement CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/20/98	384.45
F. Full Name, Mailing Address and ZIP Code U. S. SENATE RESTAURANT FIRST & C STREETS, N.E. WASHINGTON LA 70176	Purpose of Disbursement CONSTITUENT: REFRESHMENTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	142.87
G. Full Name, Mailing Address and ZIP Code UNION PACIFIC RESOURCES 600 THIRTEENTH STREET, NW WASHINGTON LA 70176	Purpose of Disbursement TRAVEL: AIRFARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	233.00
H. Full Name, Mailing Address and ZIP Code UNION PACIFIC RESOURCES 600 THIRTEENTH STREET, NW WASHINGTON DC 20005	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	640.64
I. Full Name, Mailing Address and ZIP Code WARREN CLARK'S FRENCH QUARTER POST OFFICE BOX 71532 NEW ORLEANS LA 70172	Purpose of Disbursement FUNDRAISER EVENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/07/98	485.00
SUBTOTAL of Disbursements This Page (optional) .....			2,230.38
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

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FOR LINE NUMBER 17

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## NAME OF COMMITTEE (In Full)

John Breau Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD BATON ROUGE LA 70176	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	752.58
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD BATON ROUGE LA 70176	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	752.58
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD BATON ROUGE LA 70176	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/14/98	829.65
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD BATON ROUGE LA 70176	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/98	829.65
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD BATON ROUGE LA 70176	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/98	829.65
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WENDY G. WILSON 11580 PERKINS ROAD, APT. # 50 BATON ROUGE LA 70810	TRAVEL:MILEAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/24/98	52.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

4,046.36

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

218,823.51

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AMERICAN CANCER SOCIETY 235 MONTGOMERY STREET, STE 320 SAN FRANCISCO CA 94104	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BEN D. JOHNSON EDUCATION CENTER 400 MARTIN LUTHER KING DR NATCHITOCHES LA 71457	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/19/98	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARENCRO BEAR BASH POST OFFICE BOX 183 CARENCRO LA 70520	CHARITABLE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CHRIS JOHN FOR CONGRESS COMMITTEE POST OFFICE BOX 971 CROWLEY LA 70527	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CONFEDERATE MEMORIAL COMMITTEE 11843 SUMMER OAK DRIVE GERMANTOWN MD 20874	CHARITABLE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/02/98	40.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DSCC OF LOUISIANA FEDERAL POST OFFICE BOX 4385 BATON ROUGE LA 70821	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/15/98	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FRIENDS OF BLANCHE LINCOLN POST OFFICE BOX 3197 LITTLE ROCK AR 72203	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/01/98	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FRIENDS OF JERRY FOWLER 3030 CONGRESS BLVD., # 33 BATON ROUGE LA 70808	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JEAN DOERGE CAMPAIGN FUND 700 NELLA MINDEN LA 71055	POLITICAL CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/05/98	250.00

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

4,690.00

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 21

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NAME OF COMMITTEE (In Full)

John Breaux Committee

C00215830

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LA LEGISLATIVE BLACK CAUCUS POST OFFICE BOX 44003 BATON ROUGE LA 70804	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/01/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LOUIS A. MARTINET LEGAL SOCIETY POST OFFICE BOX 4321 BATON ROUGE LA 70821	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NYUMBANI HOSPICE/ORPHANAGE AID 305 HEALY HALL, GEORGETOWN UNIVERSITY WASHINGTON LA 70119	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/98	25.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OUACHITA COUNCIL ON AGING, INC POST OFFICE BOX 14363 MONROE LA 71207	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/24/98	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
URBAN LEAGUE GOLDEN GALA XIX 1929 BIENVILLE AVENUE NEW ORLEANS LA 70112	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/25/98	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

975.00

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

5,665.00



GARY L. SISCO  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: 202-224-0322

# United States Senate

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