

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>DAVE TREEN FOR CONGRESS</b>		2. FEC IDENTIFICATION NUMBER <b>P 2: 32 C 00343202</b>
ADDRESS (number and street) <b>139 W. Ruelle</b>	<input type="checkbox"/> Check if different than previously reported.	
CITY, STATE and ZIP CODE <b>Mandeville, LA 70471</b>	STATE/DISTRICT <b>LA/1st</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> April 15 Quarterly Report             | <input type="checkbox"/> Twelfth day report preceding _____<br>(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report                         | election on _____ in the State of _____   |
| <input type="checkbox"/> October 15 Quarterly Report                      | <input type="checkbox"/> Thirtieth day report following the General Election      |
| <input type="checkbox"/> January 31 Year End Report                       | _____ in the State of _____   |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report                                       |

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

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>01-01-00</u> through <u>04-30-00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	50,350.00	534,718.09
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	49,350.00	533,718.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15,842.85	1,093,251.04
(b) Total Offsets to Operating Expenditures (from Line 14)	—	—
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	15,842.85	1,093,251.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	33,603.91	
9. Debts and Obligations Owed TO the Committee (Items all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Items all on Schedule C and/or Schedule D)	553,000.00	

For further information contact:  
Federal Election Commission  
630 E Street, NW  
Washington, DC 20433  
Toll Free 800-424-9530  
Local 202-537-8120

I certify that I have examined this Report and to the best of my knowledge and belief it is true, or true and complete.

Type or Print Name of Treasurer <b>JOHN S. TREEN</b>	Date <b>4/28/2000</b>
Signature of Treasurer <i>John S. Treen</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 4303

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FEC FORM 3  
(Revised 4/87)

10-03-5554

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)

Report Covering the Period:

From

To

## I. RECEIPTS

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than in-kind) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(1) Named (use Schedule A)			
(2) Unnamed	50,350.00		11(b)
(3) Total of contributions from individuals			11(b)
(b) Political Party Committees	50,350.00	433,964.93	11(c)
(c) Other Political Committees (such as PACs)		6,853.16	11(d)
(d) The Candidate		22,900.00	11(e)
(e) TOTAL CONTRIBUTIONS (other than in-kind) (add 11(a)(1), (b), (c) and (d))	100,700.00	534,718.09	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>			12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate			
(b) All Other Loans		386,000.00	13(a)
(c) TOTAL LOANS (add 13(a) and (b))		386,000.00	13(b)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>			14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>			15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	100,700.00	1,120,718.09	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>			17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>			18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans	33,000.00	33,000.00	19(a)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		33,000.00	19(b)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees	1,000.00	1,000.00	20(a)
(c) Other Political Committees (such as PACs)			20(b)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	1,000.00	1,000.00	20(c)
<b>21. OTHER DISBURSEMENTS</b>			21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	49,842.85	1,127,251.04	22

## III. CASH SUMMARY

CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	39,096.76	23
TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	50,350.00	24
TOTAL (add Line 23 and Line 24)	\$	89,446.76	25
TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	49,842.85	26
CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	39,603.91	27

2025-03-03 15:56

LOANS

Name of Committee (if Full) **DAVE TREEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code of Loan Borrower <b>DAVID C. TREEN</b> <b>139 W. RUELE</b> <b>MONROEVILLE, LA 70471</b> Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)	Original Amount of Loan <b>15,000.00</b>	Cumulative Payments To Date <b>3,000.00</b>	Balance Outstanding at Close of This Period <b>12,000.00</b> <input type="checkbox"/> Secured
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List All Endorsers or Guarantors (if any) to Item A **Personal Loan**

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

B. Full Name, Mailing Address and ZIP Code of Loan Borrower  Section: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr)	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period  <input type="checkbox"/> Secured
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List All Endorsers or Guarantors (if any) to Item B

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

SUBTOTALS This Period This Page (optional) \_\_\_\_\_

TOTAL A This Period (must appear in this line unless) \_\_\_\_\_

2025 RELEASE UNDER E.O. 14176

Name of Committee (if Full) **DAVE TREEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>DAVID C. TREEN</b> <b>139 W. Ruelle</b> <b>Mandeville, LA 70471</b> Elector: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <b>50,000.00</b>	Contributions Payment To Date	Balance Outstanding at Close of This Period <b>50,000.00</b>
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Term: Date Incurred **7-22-99** Date Due \_\_\_\_\_ Interest Rate **4.50%**  Secured

List All Employers or Guarantors (if any) in Item A **Personal Loan**

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

B. Full Name, Mailing Address and ZIP Code of Loan Source  Elector: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Contributions Payment To Date	Balance Outstanding at Close of This Period
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Term: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ %  Secured

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

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

**SUBTOTALS** This Period This Page (optional) \_\_\_\_\_  
**TOTALS** This Period (last page in this form only) \_\_\_\_\_

20.03.557.0137

**LOANS**

Name of Committee (if Full) <b>DAVE TREEN FOR CONGRESS</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> DAVID C. TREEN 139 W. Ruelle Mandeville, LA 70471 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b>  55,000.	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>  55,000.
Terms: Date Incurred <u>2-28-99</u> Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A. <b>Personal Loan</b>			
<b>1. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		
<b>2. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		
<b>3. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		
<b>B. Full Name, Mailing Address and ZIP Code of Lender</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
<b>1. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		
<b>2. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		
<b>3. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	(This area is shaded to indicate that the information is not to be reported.)	
	<b>Occupation</b>		
	<b>Amount Guaranteed Outstanding</b> \$		

2025 RELEASE UNDER E.O. 14176

**SUBTOTALS** This Period This Page (optional) \_\_\_\_\_

**TOTALS** This Period (last page in this line only) \_\_\_\_\_

**LOANS**

Name of Committee (in Full)

**DAVE TREEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>DAVID C. TREEN</b> <b>139 W. Ruelle</b> <b>Mandeville, La 70471</b> Electric: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan <b>60,000.00</b>	Cumulative Payments To Date	Balance Outstanding at Close of This Period <b>60,000.00</b>
Terms: Date Secured: <b>7-27-89</b> Date Due: _____ Interest Rate: _____ % (per) <input type="checkbox"/> Secured		List all Employers or Guarantors (if any) to Item A <b>Personal Loan</b>		
1. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Electric: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Secured: _____ Date Due: _____ Interest Rate: _____ % (per) <input type="checkbox"/> Secured		
List all Employers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	(This area is shaded to indicate that the information is not to be reported.)	
		Occupation		
		Amount Guaranteed Outstanding \$		

**SUBTOTALS** This Period This Page (optional) \_\_\_\_\_

**TOTALS** This Period (last page in this file only) \_\_\_\_\_

201003-554-0139



**LOANS**

National Committee (in Full) **DAVE TREEN FOR CONGRESS**

<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> DAVID TREEN 139 W. RUBLE ST. Mandeville, LA 70471 Employer: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		<b>Original Amount of Loan</b> 100,000.00	<b>Cumulative Payments To Date</b>	<b>Balance Outstanding at Close of This Period</b> 100,000.00
<b>Terms:</b> Date Incurred <u>1-25-95</u> Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured				

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

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

<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>		<b>Original Amount of Loan</b>	<b>Cumulative Payments To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Employer: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>Terms:</b> Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured				

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

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

**TOTALS This Period This Page (optional)** \_\_\_\_\_

**TOTALS This Period (last page in this line only)** \_\_\_\_\_

REP. OF CONGRESS - 01143



**LOANS**

Name of Contributor (in Full)  
**DAVE TRZEW FOR CONGRESS**

<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> DAVID TRZEW 139 W. TRUWIL Mandeville, LA 70471 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 25,000.	Cumulative Payments To Date	Balance Outstanding at Close of This Period 25,000.00
Term: Date Issued <u>5.27.99</u> Date Due _____ Interest Rate: _____ % (app) <input type="checkbox"/> Secured			

**List All Endorsees or Guarantors (if any) to Item A**

*Personal Loan*

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

<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Term: Date Issued _____ Date Due _____ Interest Rate: _____ % (app) <input type="checkbox"/> Secured			

**List All Endorsees or Guarantors (if any) to Item B**

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

USDTOTALS This Period This Page (optional) \_\_\_\_\_

TOTALS This Period (last page in this line only) \_\_\_\_\_

2025 RELEASE UNDER E.O. 14176

LOANS

Name of Candidate (or Full Name of Committee) **DAVID TREEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code of Loan Recipient  
**DAVID TREEN**  
**129 W. Ruelle**  
**Mandeville, LA 70471**  
Elector:  Primary  General  Other (specify)

Original Amount of Loan  
**15,000.00**

Cumulative Payment To Date

Balance Outstanding at Close of This Period  
**15,000.00**

Terms: Date Incurred **6-17-79** Date Due Interest Rate % (per)

List All Employers or Guarantors (if any) to Item A: **Personal Loan**  Secured

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

B. Full Name, Mailing Address and ZIP Code of Loan Source  
  
Elector:  Primary  General  Other (specify)  
Terms: Date Incurred Date Due Interest Rate % (per)

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

List All Employers or Guarantors (if any) to Item B:  Secured

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

TOTALS This Period This Page (optional)

ALL This Period First return in Schedule C-1

20.03-555-0143

**LOANS**

Name of Contributor (in Full) **DAVE TRESN FOR CONGRESS**

**A. Full Name, Mailing Address and ZIP Code of Loan Owner**

**DAVID TRESN**  
**139 W. RUIELE**  
**MADISON, CA 90471**  
Elector:  Primary  General  Other (specify):

Original Amount of Loan **100,000.00**

Payments Made To Date

Balance Outstanding at Close of This Period **100,000.00**

Terms: Date Incurred **6-15-77** Date Due Interest Rate % **5.00%**

**List All Endorsees or Guarantors (if any) to Item A**  Secured

**Personal Loan**

**1. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

**2. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

**3. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

**B. Full Name, Mailing Address and ZIP Code of Loan Owner**

Elector:  Primary  General  Other (specify):  
Terms: Date Incurred Date Due Interest Rate %

Original Amount of Loan

Payments Made To Date

Balance Outstanding at Close of This Period

**List All Endorsees or Guarantors (if any) to Item B**  Secured

**1. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

**2. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

**3. Full Name, Mailing Address and ZIP Code**

Name of Employer  
Occupation  
Amount Guaranteed Outstanding \$

TOTALS This Period This Page (optional)

ALS This Period (not necessary)

2003-550-01144

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DAVE TREEN CAMPAIGN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID C. TREEN 139 W. RUELLÉ MANDRILLE, LA 70471	Payment towards loan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduction	2.7.00	3,000.00
John Chance P O BOX 52047 Lafayette, LA 70505	Purpose of Disbursement Return contribution - exceed limit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2.21.00	1,000.00
DAVID C. TREEN 139 W. RUELLÉ MANDRILLE, LA 70471	Purpose of Disbursement PAYMENT OF LOAN TO DAVID TREEN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduction	3.16.00	25,000.00
TRI-COLOR 7003 Goodwood Ave. Baton Rouge, LA 70806	Purpose of Disbursement Public Relations for Fund Raiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduction	3.23.00	5,070.02
Southwest Computer 104B E. Corrvievw St. Gonzales, LA 70737	Purpose of Disbursement Invitations for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduction	3.23.00	1764.52
Christy Castel 7009 Goodwood Ave. BATON ROUGE, LA 70806	Purpose of Disbursement Fundraising consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduc.	3.23.00	398.96
Baker Printing Co. 1618 Main St. Baker, LA 70714	Purpose of Disbursement Brochures for Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduc.	3.23.00	6927.50
DAVID C. TREEN 139 W. RUELLÉ MANDRILLE, LA 70471	Purpose of Disbursement Reimbursement for Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduc.	3.24.00	124.85
CHRISTY CASTEL 7003 GOODWOOD AVE BATON ROUGE, LA 70806	Purpose of Disbursement Fundraising Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Reduc.	3.22.00	1500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page of this report)

45 14 45

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Debt Collection</i>	Date (month, day, year)	Amount of Each Disbursement This Period
<i>DAVID G. GREEN 139 W. Riddle Mandeville, LA 70471</i>	<i>Repayment of Loan</i>	<i>5.22.00</i>	<i>5,000.00</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (do not enter this total)

2023 01 14

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE      OF       
FOR LINE NUMBER     

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NAME OF COMMITTEE (in Full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mack Abraham 3800 Burgoyne Dr. Lake Charles, LA 70605 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Beverage Sales, Inc. Occupation: <b>Exec. Assit.</b> Aggregate Year-to-Date > \$ <b>1,000.00</b>	3-16-00	\$ <b>400.00</b>
B. Full Name, Mailing Address and ZIP Code D.J. Bergeron, Jr. 67 Oaklawn Dr. Covington, LA 70433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Bergeron Plymouth Occupation: <b>Owner</b> Aggregate Year-to-Date > \$ <b>1350.00</b>	3-16-00	\$ <b>100.00</b>
C. Full Name, Mailing Address and ZIP Code Alvin Bantel, Jr. 2 Waverree Crt. Metairie, LA 70005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Retired Occupation: Aggregate Year-to-Date > \$ <b>2,000.00</b>	Date (month, day, year)	Amount of Each Receipt this Period  \$ <b>1,000.00</b>
D. Full Name, Mailing Address and ZIP Code Charlotte Bollinger P.O. Box 250 Lockport, LA 70374 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Homemaker Occupation: Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year)	Amount of Each Receipt this Period  \$ <b>1,000.00</b>
E. Full Name, Mailing Address and ZIP Code Richard N. Bollinger 320 Catherine St. Lockport, LA 70374 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Bollinger Shipyard Occupation: <b>Executive</b> Aggregate Year-to-Date > \$ <b>2,000.00</b>	Date (month, day, year)	Amount of Each Receipt this Period  \$ <b>1,000.00</b>
F. Full Name, Mailing Address and ZIP Code Shirley Bowler 1939 Hickory Ave. Harahan, LA 70123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Info Requested Occupation: Aggregate Year-to-Date > \$ <b>300.00</b>	3-16-00	Amount of Each Receipt this Period  \$ <b>200.00</b>
G. Full Name, Mailing Address and ZIP Code Melanie Boyce 6623 Pikes Lane Baton Rouge, LA 70809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker Occupation: Aggregate Year-to-Date > \$ <b>1,000.00</b>	3-16-00	Amount of Each Receipt this Period  \$ <b>1,000.</b>

SUBTOTAL of Receipts This Page (optional)

12-11-00 10:55:10 AM

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 11  
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emile Brunson, Jr. 145 Robt E. Lee Blvd N.O., LA 70124	Self	3-28-00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	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
Jerome E. Buller 1103 Whiteville Rd Ville Platte, LA 70586	Info Requested	3-22-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	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
Marie H. Carle 3014 Elliott St. Alexandria, VA 71301	Homemaker	3-16-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack M. Capella 3421 N. Causeway Blvd Metairie, LA 70002	Info Requested	3-22-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	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
Thomas A. Casey 435 Audubon Blvd New Orleans, LA 70125	Self	3-16-00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation: Convention Consultant	Aggregate Year-to-Date > \$ 450.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lodwrick Cook 13849 Weddington St. Sherman Oaks, CA 91401	Global Crossing, Ltd	3-28-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation: Co-Chairman	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
Ronald Durham 106 W. Rivelle Mandeville, LA 70471	Self	4-21-00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation: Restaurant Owner	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2003030553

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in full)

DAVIS TRUFFI CAMPAIGN FOR CONGRESS

GATEWAY TO JUSTICE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F.C. Felterman PO Box 189 Patterson, LA 70392	Seacor Marine Occupation: <u>Consultant</u>	3-16-00	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>2,000.00</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Fournet 310 Aurora Ave. Lafayette, LA 70506-4219	<u>Info Requested</u> Occupation:	3-27-00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>100.00</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey A. Gabert 4724 Southshore Dr. Metairie, LA 70002	<u>Info Requested</u> Occupation:	3-27-00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>100.00</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAIL W. Gonzales 12519 E. Sheraton Baton Rouge, LA 70815	<u>Congressman</u> <u>Richard Baker</u> Occupation: <u>Constituent Serv. Council</u>	4-21-00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>300.00</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Graham 32 Oaklawn Dr. Covington, LA 70433	<u>Retired</u> Occupation:	3-16-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>2,000.00</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne Graham 32 Oaklawn Dr. Covington, LA 70433	<u>Homemaker</u> Occupation:	3-16-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Becker 3601 N. I-10 Serv. Rd West Metairie, LA 70002	<u>Info Requested</u> Occupation:	4-7-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Debt Retirement</u>	Aggregate Year-to-Date > \$ <u>1,000.00</u>		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

0150

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sen. John T. Hainkel 704 Carondelet St. New Orleans, LA 70130	St. of Louisiana  State Senator	3-22-00	1,000.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>2,000.00</b>		
B. Full Name, Mailing Address and ZIP Code Anna Grayson Howe Apt. G-15 893 Lee Dr. Baton Rouge, LA 70808	Name of Employer  Occupation <b>Homemaker</b>	Date (month, day, year)  3-16-00	Amount of Each Receipt This Period  300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>600.00</b>		
C. Full Name, Mailing Address and ZIP Code Norman Kinsey 401 Edwards St. # 1805 Shreveport, LA 71101	Name of Employer <b>Kinsey Investments, Inc.</b>  Occupation <b>Executive</b>	Date (month, day, year)  3-14-00	Amount of Each Receipt This Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>1,000.00</b>		
D. Full Name, Mailing Address and ZIP Code Joe Kilias PO Box 50307/1327 Martrial Ave. Lafayette, LA 70505	Name of Employer <b>State Energy Corp.</b>  Occupation <b>Geologist</b>	Date (month, day, year)  3-16-00	Amount of Each Receipt This Period  750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>2,000.</b>		
E. Full Name, Mailing Address and ZIP Code John P. Laborde 4 Newcomb Blvd. New Orleans, LA 70118	Name of Employer <b>Retired</b>  Occupation	Date (month, day, year)  3-27-00	Amount of Each Receipt This Period  100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>100.00</b>		
F. Full Name, Mailing Address and ZIP Code Charles W. Lamar, III 2725 S. Eugene St. Baton Rouge, LA 70808	Name of Employer <b>Info Requested</b>  Occupation	Date (month, day, year)  3-27-00	Amount of Each Receipt This Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>500.00</b>		
G. Full Name, Mailing Address and ZIP Code P. Raymond Lamourea 6434 Pikes Lona Baton Rouge, LA 70808	Name of Employer <b>Info Requested</b>  Occupation	Date (month, day, year)  3-16-00	Amount of Each Receipt This Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DEBT RETIREMENT</b>	Aggregate Year-to-Date > \$ <b>250.00</b>		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles D. Lancaster 2001 Veterans Blvd Met., LA 70002	Self Occupation: <b>Attorney</b>	3.16.00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Aggregate Year-to-Date > \$ <b>750.00</b>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dud Lestrupes PO Box 64002 Lafayette, LA 70605	Dud Lestrupes Insurance & Marketing Occupation: <b>Executive</b>	3.14.00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Aggregate Year-to-Date > \$ <b>100.00</b>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis E. Lauricella 7900 Jefferson Hwy Harahan, LA 70123	Lauricella Land Occupation: <b>Executive</b>	3.08.00	1,000.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Aggregate Year-to-Date > \$ <b>2,000.00</b>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Liljeberg 3900 Veterans Blvd - 3rd Flr Metairie, LA 70002	Liljeberg Enterprises Occupation: <b>CO-OWNER</b>	3.14.00	1,000.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Aggregate Year-to-Date > \$ <b>1,500.00</b>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Liljeberg 3900 Veterans Blvd - 3rd Flr Metairie, LA 70002	Liljeberg Enterprises Occupation: <b>CO-OWNER</b>	3.14.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>1,500.00</b>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miked S. Lippman 596 Fairview Dr. LA 70342	Info. Requested Occupation:	3.16.00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>2,000.00</b>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. John Litchfield 136 Rosa Ave. Metairie, LA 70005	Self Occupation: <b>Attorney</b>	3.16.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Aggregate Year-to-Date > \$ <b>3,000.00</b>		

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (In Full)

DAVE TREEN CAMPAIGN FOR CONGRESS

2013-03-05 15:56

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melissa Livingston 3609 Red Oak Court New Orleans, LA 70131	Info Requested	3.15.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Robert Livingston Box 6329 New Orleans, LA 70174	Self	3.9.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation: UNEMPLOYED	Aggregate Year-to-Date > \$ 3,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles T. McCord, Jr. 400 Travis St. # 1705 Shreveport, LA 7121-3171	Self	3.16.00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Semi-Retired/CR + GAS	Aggregate Year-to-Date > \$ 1500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Wayne Mediamotte 133 W. Ruelle Mandeville, LA 70471	Homemaker	3.28.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
R. E. Miller P O Box 3616 Morgan City, LA 70381	Info Requested	3.27.00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	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
Leolene L. Marton 301 Loop Rd Monroe, LA 71201	Info Requested	3.28.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hosea M. Reed, Jr 209 St. John Lane Phenix, LA 70040	Rendall Technologies	3.16.00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation: President	Aggregate Year-to-Date > \$ 1550.00	

SUBTOTAL of Receipts This Page (optional)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

103-033-5557

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Willard Robertson 800 Laurel Oak Dr. Naples, FL 34108	Info Requested	3.8.00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Estelle Robichaux P O Box 404 Raceland, LA 70394	Info Requested	3.22.00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 650.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
A. J. Schmitt 893 Howard Ave New Orleans, LA 70113	Info Requested	3.22.00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James P. Schwartz 510 Beau Clere Dr Mandeville, LA 70471	Retired	3.14.00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 1250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles E. Schwing 9432 Common St. # 2 Baton Rouge, LA 70809	Info Requested	3.22.00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	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
Moude Saunders Sharp 600 W. Church St. Hammond, LA 70401	Retired	3.22.00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J. William Sherer P O Box 1513 COV., LA 70434-1513	Info Requested	3.20.00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt Retirement	Occupation	Aggregate Year-to-Date > \$ 150.00	

SUBTOTAL of Receipts This Page (optional)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 11  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

4-15-04 - 10:58 AM - 10:00 AM

A. Full Name, Mailing address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank P. Simoneaux 5421 Forsythia Ave. Baton Rouge, LA 70808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Self Occupation: <b>Attorney</b> Aggregate Year-to-Date > \$ <b>2,000.</b>	3.16.00	1,000.00
Marcie Simoneaux 5921 Forsythia Ave Baton Rouge, LA 70808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer: <b>Homemaker</b> Occupation: Aggregate Year-to-Date > \$ <b>400.00</b>	3.16.00	400.00
Charles Simpson 105 Overlook Pointe Circle Ridgeland, MS 39157 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Name of Employer: <b>Info Requested</b> Occupation: Aggregate Year-to-Date > \$ <b>2,000.00</b>	3.27.00	1,000.00
Carlos G. Spaht P O Box 2997 Baton Rouge, LA 70821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Name of Employer: <b>Info Requested</b> Occupation: Aggregate Year-to-Date > \$ <b>200.00</b>	3.27.00	200.00
Katherine S. Spaht 2184 Kleinert Baton Rouge, LA 70806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Debt Retirement</b>	Name of Employer: <b>Info Requested</b> Occupation: Aggregate Year-to-Date > \$ <b>100.00</b>	3.15.00	100.00
Frank Spooner P O Box 9106 Monroe, LA 71211-9106 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <b>Self</b> Occupation: <b>Oil &amp; Gas Corp.</b> Aggregate Year-to-Date > \$ <b>450.00</b>	3.16.00	100.00
Patrick F. Taylor One Lee Circle New Orleans, LA 70130 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <b>Info Requested</b> Occupation: Aggregate Year-to-Date > \$ <b>3,000.00</b>	3.16.00	3,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **9** OF **11**  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

**DAVE TREEN CAMPAIGN FOR CONGRESS**

2003-03-03 09:02

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Phyllis Taylor One Lee Circle New Orleans, LA 70130	Info Requested Occupation Aggregate Year-to-Date > \$ 2,000.00	9.16.00	\$ 2,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" 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
David C. Treen 411 Iona Metairie, LA 70005	Self Physician Aggregate Year-to-Date > \$ 2,000.00	9.16.00	1,600.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Michelle Treen 411 Iona St. Metairie, LA 70005	Homemaker Aggregate Year-to-Date > \$ 1,000.00	3.16.00	1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
St. Denis F. Villere 1443 Eleonore St. New Orleans, LA 70115 Debt Retirement	Self Investment Counselor Aggregate Year-to-Date > \$ 2,000.	3.16.00	1,000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Margie Villere 1443 Eleonore St. New Orleans, LA 70115 Debt Retirement	Homemaker Aggregate Year-to-Date > \$ 2,000.00	9.16.00	1,000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Druid Vorkler 1100 Poydras St. New Orleans, LA 70163	Info Requested Occupation Aggregate Year-to-Date > \$ 1,000.00	9.22.00	1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" 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
H. B. Wagner, Jr 3816 Division St. Metairie, LA 70002	Info Requested Occupation Aggregate Year-to-Date > \$ 500.00	9.16.00	500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 11 FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

DAVE TREEN CAMPAIGN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year) 3-16-00 \$ 1,000.00	Amount of Each Receipt this Period 500.00
Wallace L Walker 9517 Clifford Dr. Metairie, LA 70002 Debt Retirement	Info Requested	3-16-00 \$ 1,000.00	500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year to Date >	Date (month, day, year) 3-28-00 \$ 2,000.00	Amount of Each Receipt this Period 1,000.00
Mrs. Timm Walther, III 87 Bogue Folsom Dr. Covington, LA 70433		3-28-00 \$ 2,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code 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) 3-08-00 \$ 1500.00	Amount of Each Receipt this Period 500.
Warner P O Box 1550 Mandeville, LA 70470	Info Requested	3-08-00 \$ 1500.00	500.
D. Full Name, Mailing Address and ZIP Code 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) 3-16-00 \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
Mrs. Loy Weaver 101 Arlington Dr Homer, LA 71040 Homemaker	Homemaker	3-16-00 \$ 1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year) 3-16-00 \$ 100.00	Amount of Each Receipt this Period 100.00
John G. Weinmann 601 Paydros St. New Orleans, LA 70130	Info Requested	3-16-00 \$ 100.00	100.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year) 3-16-00 \$ 1000.	Amount of Each Receipt this Period 1,000.
Wilmore W. Whitmore 2731 St. Charles Ave New Orleans, LA 70130	Retired	3-16-00 \$ 1000.	1,000.
G. Full Name, Mailing Address and ZIP Code 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) 3-16-00 \$ 950.00	Amount of Each Receipt this Period 500.00
Dutton J. Woods 460 Bob White Lane Shreveport, LA 71136-5300		3-16-00 \$ 950.00	500.00

SUBTOTAL of Receipts This Page (optional)

\$ 950.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 11  
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NAME OF COMMITTEE (in full)

DAVE TRUEN CAMPAIGN FOR CONGRESS

2017-03-15 11:57 AM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay C. Rainey 441 Dorrington Blvd Metairie, LA 70005	Self	3-14-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2,000.00	
Mrs. Jay Rainey 441 Dorrington Blvd Metairie, LA 70005	Homemaker	3-14-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. 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 > \$	
E. 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 > \$	
F. 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 > \$	
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) .....

Total 50350.00



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
5-2-00

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*SLJ*  
PREPARER

5-8-00  
DATE PREPARED

1103 1554 011111